MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05014 302

1. PLACE OF DEATH a. COUNTY Wa. S.	nington	MARYLAND	2. USUAL RESIDENCE (Wo. STATE	b. C	institution: Residence OUNTY hington	e before admission)
RURAL and give n	ir outside corporate limits, w	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,		ive nearest town)
d. NAME OF HOSPIT	AL (If not in hospital, give sunty Hospit		d. STREET ADDRESS	t Church	St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARY First	Middle ELLEN	ALDER	4. DATE OF DEATH AD	Month	Day Year 1960 19
5. SEX Female		MARRIED NEVER MARRIED	B. DATE OF BIRTH Dec. 9 18	9. AGE (1 lost bir 66	rthday) Months [YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION during most of work COOK 13. FATHER'S NAME	DN (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INE Restaurant		port Wash		USA
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Rosell INFORMANT ames R. Ald	a Davis	Address	7 D-
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate	per line for (a), (b), and (c).] suryo cas disl comany Ortin	Hagerst lufactions	own "d ul Sesia	N	interval Between onset and Death 2 weeks 4 1/2 yrs
CATIC	HER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part 1 or Part II of item	1 TB.)	
ZOc. TIME OF INJUST Hour o. m. p. m.	V		PLACE OF INJURY (Home, for foctory, street, office bldg., et		(Ce	ounty) (State)
21. I certify the saw the decea 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		tended the deceased fran 21960, and that etg. M. WELTY	death accurred 7115	ARD STAFF PHYS. Towas C	uses and an the	date stated abave. 22b. DATE - GIGNED Lower M. W. W.
23a. BURIAL, CREMATIC REMOVAL (Specify BUT181 24. FUNERAL DIRECTOR	4/11/60	23c. NAME OF CEMETERY Rest Haven Address	Cemetery	23d. LOCATION (City Hagers t	***	(Stote)
Andrew	K. Coffman	Hagerstown M	d. DATEAP	R 1 2 '60	Cullun S. +	Krane

TO HOSPI

VR A15 (4) 15M 9/59

	MALE COMMISSION OF THE PARTY OF	150.2
	OFFICE STATE	
		a normalita e "
		more travel
of se where their age of		County thurs de.Y
THE RESERVE AND ADDRESS.		
1 180 A 1800 A 1800 A		
1.09 real programma 12.17		
Alvid Filtrook		Lages A lague 24
	William angen	
The state of the s		
		人人人 起
Commence Comment	VIII NOT IN	177 14 Y
	mey li sand 1	15/41/1
Fig. 1994 DAY		WINDS OF WINDS

ofter death. Page

requires that the death certificate be executed within 24

physician and

the attending

certificate has been signed by

DIRECTOR: After this

poge 3 should be detoched far the State Board of Health prior

permit.

as the buriol-transit ta burial, cremation.

mave car Within

filed funeral be Should

nours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND R CERTIFICATE

ECORDS — BALTIMORE 1, MARYLAND	-	-			
OF DEATH	()	5	0	Ĭ	5.
4/15/15/15/15/15/15/15/15/15/15/15/15/15/	0.	0		-	

	50
1. PLACE OF DEATH	

65

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Eliza Virginia Lemen

Washington	MARYLAND	o. STATE Maryla	nd. b. c	Wash	ingt	on
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side carporate limits	, write RURAL and g	ive nearest	tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of 17 Bouth Foundry Stre	address)	d. STREET ADDRESS	Foundry	Street	0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print) Kearfott	Baker Ar	rdinger	DATE OF DEATH ADI	Manth C11	Day 9	Year 1960
SEX 6. COLOR OR RACE 7. MAPP	NEVER MARRIED	8-DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF U	NDER 24 HR

3. NAME OF DECEASED (Type or print)	Kearfot		Middle Baker	Arc	linger	4. DATE OF DEATH	April	th	Do	,	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCED	- 1	priv 28	1888	9. AGE (In years last birthday) 71 yrs.	Months	Tays	Haurs	Min.
10a. USUAL OCCUPAT during most of wo Interior	TION (Give kind of work of price of personal tor	Pai:	of Business of nter	INDUST	William William			-	S.A	WHAT	OUNTR

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Charles Andrew Ardinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 214-09-9010 Mrs. Florence Ardinger Hagerstown Md. 17. INFORMANT No No No

18. CAUSE OF DEATH [Enter anly one can PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Certaincenter Hart Discos C.	INTERVAL BETWEEN ONSET AND DEATH Consideration
Canditians, if any, which (b)	Emplyseur - lungs	ypers
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	astuma Brancheval	year).

PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED (State) Year (County) factory, street, affice bldg., etc. While Nat while at wark at wark

1960, that (1) (we) last 21. I certify that (1) (this haspitat) attended the deceased fram saw the deceased alive or and that death accurred at 077M, from the causes and an the date stated above. ATTENDING PHYS. MED.

224. PHYSICIAN'S NAME (Type)

22d. ADDRESS 159 W. Washington St., Hagerstown, Md.

Philip J. Hirshman, M.D. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, tawn, ar county) (State)

M.D.

April 12-60 Riverview Cemetery

Williamsport Maryland 25a. REC'D 8Y REGISTRAR

Cathan S. Kraus

TO FUNERAL VR A15 (4) 15M 9/59



REMOVAL (Specify)

notes Man	fanlvæli		zodna trans	
	AN gwederaneli	32 yrs.	over No.	
X decad	12 South Pourtry S	Ceeq	a Pountry of	17 201
odn ke ja i	1994 word . Tempto	of tested	rear rots	
	IN BABI BA ILWA		of LW	
	N. Prome allia	retnivi	uni naconi.	o Liletin L
nene	a niclasiv natio	vesethyk m	ryhus asitual	
M contact ea	wardir A common A . a		OH.	
	US N. Wight a Table		and the second	
And trulk, the	in allik yero e	D watvertH 0a	-Of Alma	Lains
		The speed of the		

TO HOSP

VR A15 (4) 15M 9/59

page 3 shauld be detached far use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. may be the harpital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled

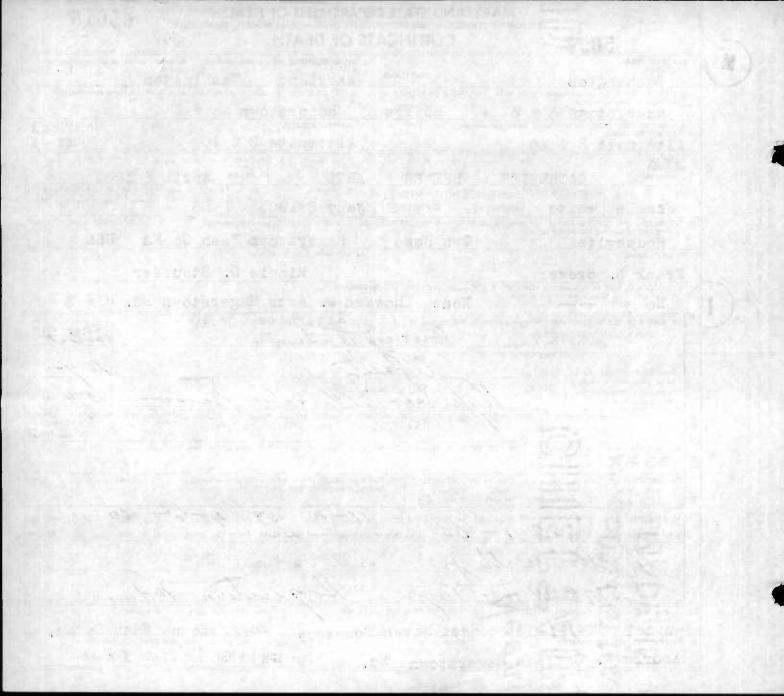
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05016

5097

302

WASTLAND S. CITY OR TOWN (If Suinide capporate limit), write B. CITY OR TOWN (If Use Capporate limit), write B. CAPPORATE IN USE CAPPORATE CAPPO	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown R # 3 d. NAME OF HOSPITAL (If not in hospital, give street oddress) Alternate R # 40 3. NAME OF HOSPITAL (If not in hospital, give street oddress) Alternate R # 40 3. NAME OF HOSPITAL (If not in hospital, give street oddress) Alternate R # 40 4. DATE ON A FA VESCA N Anternate R # 40 5. SEX First Middle APTIL BREWER ARTZ 6. COLOR OR RACE 7. MARRIEW NEVER MARRIED B. DATE OF BIRTH PEATH 9. AGE (In years in build be possible in the winder) 9. AGE (In years in build be possible in building with building most of working life, even if retired) HOUSEWIFE 10. USUAL OCCUPATION (Give kind of work done done down with home HOUSEWIFE 10. LISTRET ADDRESS Alternate R # 40 10. STREET ADDRESS Alternate R # 40 10. DATE PEATH APTIL 6 1960 19 19 19 19 20 3. NAME OF BIRTH 9. AGE (In years in building with hold) 9. AGE (In years in building with hold) 10. USUAL OCCUPATION (Give kind of work done done down with home HOUSEWIFE 10. USUAL OCCUPATION (Give kind of work done done down with home) HOUSEWIFE 10. USUAL OCCUPATION (Give kind of work done done down with home) HOUSEWIFE 10. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. EATHER'S MAME Frank M. Brewer 14. MOTHER'S MAIDEN NAME MINNIE O. Stouffer None Howard M. Artz Hagerstown Md. R # 3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate (b) DUE TO Conditions, if any, which gove rise to immediate (c), stating the under: Iving cause last. 19 10. AGE (In years) 10. INTERVAL BETW ONLY AND DE COLOR OF TOWN 10. INTERVAL BETW ONLY AND DE ONLY AN	
Haerstown R # 3 d. NAME OF HOSPITAL (If not in haspital, give street oddress) Alternate R # 40 Alte	RURAL ond give nearest town) Hagerstown R # 3 55 Yrs Hagerstown R # 3 d. STREET ADDRESS Alternate R # 40 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) Alternate R # 40 3. NAME OF DECAME RETURN BREWER ARTZ GON A F YESPON ALTERNATE GON A F A F A GON A F A F A GON A F YESPON ALTERNATE GON A F A GE (In yeors lie UNDER 7 In UN	
d. NAME OF HOSPITAL (if not in hospital, give street oddress) 3. ALTETRATE # 40 3. ALTETRATE # 40 3. ANAME OF DEATH APTIL 6 1980 3. ANAME OF OCCUPATION OF RACE CATHERINE BREWER ARTZ DATE OF BIRTH DATE OF BIRTH	d. NAME OF HOSPITAL (If not in haspital, give street oddress) Alternate R # 40 Alt	
Alternate R # 40 Alternate R # 40 Alternate R	Alternate R # 40 3. NAME OF DECEASED POPER OF SITES Middle Lost A. DATE OF DEATH April 6 1960 19 5. SEX 6. COLOR OR RACE 7. MARRIEK NEVER MARRIED B. DATE OF BIRTH DIVORCED DIVORCED Jany 8 1905 Syrs. Months Days Hours Months Days Months Days Months Days Months Days Months Days Months Days	
3. NAME OF DECEASED (Type or print) CATHERINE BREWER ART 2 S. SEX 6. COLOR OR RACE 7. MARRIEN NEVER MARRIED 8. DATE OF BIRTH 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. USUAL OCCUPATION (Give kind of work dame during most owking life, even if retired) 100. STATIFETS MARKE Frank M. Brewer 11. MOTHER'S MAIDEN NAME Frank M. Brewer 12. AMOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Minnie O. Stouffer 15. SOCIAL SECURITY NO. 17. INFORMANT NONE 16. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) 17. INFORMANT NONE 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) 19. DUE TO Condition, if any, which (b) 20. CONTROL OCCUPATION (Give kind) 20. CONTROL OCCUPATION (Give kind	3. NAME OF DECEASED POPULATION GIVE kind of work dane during most of working life, even if retired) 10a. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life, even if retired) 10c. USUAL OCCUPATION Give kind of work dane during most of working life under li	
CATHERINE SPEWER ARTZ OF ART APTI 6 1960 192	CATHERINE BREWER ARTZ OEATH April 6 1960 19	10 0
Type or prinin CATHERINE BREWER ARTZ DEATH April 6 1960 19	CATHERINE BREWER ARTZ DEATH April 6 1960 19	r
Temale white widowed Divorced Jany 8 1905 Styrinday	Female white widowed Divorced Jany 8 1905 55 yrs. Months Days Hours 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if refired) Housewife Dwn Home Hagerstowid Wash Co Md USA 13. FATHER'S NAME Frank M. Brewer 14. MOTHER'S MAIDEN NAME Frank M. Brewer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service) None Howard M. Artz Hagerstown Md. R # 3 16. SOCIAL SECURITY NO. 17. INFORMANT NO HOWARD M. Artz Hagerstown Md. R # 3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underly lying cause last. DUE TO Conditions, if any, which gove rise to immediate (c) (c) Augustanian Manual Manu	
19. SUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sible or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Sible or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] 15. INFORMANT 16. STORY 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAJDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. INFORMATION NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT	Female white widowed Divorced Jany 8 1905 55 yrs. Months Days Hours 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Housewife Own Home Hagerstown Wash Co Md USA 13. FATHER'S NAME Frank M. Brewer 14. MOTHER'S MAIDEN NAME Minnie O. Stouffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? None Howard M. Artz Hagerstown Md. R # 3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse last. DUE TO Conditions, if any, which gove rise to immediate (c) Light Magnetian Ma	24 HRS
Tank M. Brewer Tehler Temporary Te	Housewife Tank M. Brewer S. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL SECURITY NO. 17. INFORMANT NO IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (c), stating the under: Iying couse last. OWN Home Hagerstown Wash Co Md USA 14. MOTHER'S MAIDEN NAME Minnie O. Stouffer Minnie O. Stouffer None Howard M. Artz Hagerstown Md. R # 3 INTERVAL BETW ONSPHAND DE CONCESSED EVER IN U. S. ARMED FORCES? None Howard M. Artz Hagerstown Md. R # 3 INTERVAL BETW ONSPHAND DE CONCESSED EVER IN U. S. ARMED FORCES? None Howard M. Artz Hagerstown Md. R # 3 INTERVAL BETW ONSPHAND DE CONCESSED EVER IN U. S. ARMED FORCES? None Howard M. Artz Hagerstown Md. R # 3 INTERVAL BETW ONSPHAND DE CONCESSED EVER IN U. S. ARMED FORCES? ONSPHAND DE CONCESSED	Min.
Table Tabl	Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank M. Brewer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. of unknown) (Yes. no. of unknown) (If yes, give wor or dotes of service) None Howard M. Artz Hagerstown Md. R # 3 (IB, CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: (b) IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last. (b) DUE TO (c) Applications Own Home Hagerstown Wash Co Md USA Minnie O. Stouffer Minnie O. Stouffer Address None Howard M. Artz Hagerstown Md. R # 3 INTERVAL BETWOONS AND DE Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last.	INTRY
Minnie O. Stouffer Address ATT Address ATT Address ATT Address ATT Address ATT ADDRESS ACCIDENT WAS CAUSE BY A DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) The Control of work ATT Address	Frank M. Brewer NS. WAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT (Yes. No. of unknown) (If yes, give wor or doles of service) None Howard M. Artz Hagerstown Md. R # 3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last. (b) DUE TO (c) Aughantensoo Vanualian Security DUE TO (c) Aughantensoo Vanualian Security (c) Aughantensoo Vanualian Security (c) Aughantensoo Vanualian Security (d) (e) (f)	
18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).	No let to	
The control of the	(Yes, no, or unknown) (If yes, give wor or dotes of service) None Howard M. Artz Hagerstown Md. R # 3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse last. (Yes, no, or unknown) None Howard M. Artz Hagerstown Md. R # 3 INTERVAL BETW ONSTAND DE Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse last.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. CONDITIONS DUE TO DUE T	None Howard M. Artz Hagerstown Md. H # 3 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last. None Howard M. Artz Hagerstown Md. H # 3 INTERVAL BETWOON ONE AND DE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED WITH PART 1(a) 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not while of work of two work	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last. Concrete the couse (b) DUE TO (c) Appartments Concrete the couse (b) DUE TO (c) Appartments Concrete the couse (c) Concrete the	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (b), stating the under lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(a) PART II. OTHER S	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. ONST AND DE COUSE (b) DUE TO (c) Appartension Venuelan Seesin 5-44.	
DUE TO Conditions, if any, which gove rise to immediate course (o), stating the under. Iying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 1 or Fort II of item 1B.) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTI	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. DUE TO Lying couse last.	ATH
gove rise to immediate couse (a), stating the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	gove rise to immediate couse (o), stating the under-lying couse last. DUE TO Appertension Venuelan Seesin 54.	
gove rise to immediate couse (a), stating the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	gove rise to immediate couse (o), stating the under-lying couse last. DUE TO Appertension Venuelan Seesin 54.	6
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of the order of work of the order of	lying couse last. (c) Agherlensia Vanular Decen 5/40	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 19 Of work and that death accurred of the deceased alive an analysis of the deceased alive and another deceased alive an analysis of the deceased alive and another deceased alive	7 (0)	ters.
20c. TIME OF INJURY Month, Day, Year Hour o.m., Hour o.m., p.m. 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote bldg., etc.) 20f. (City or town) (County) 20f. (City or town) (City or town) (County) 20f. (City or town) (City or town) (County) 20f. (City or town) (City or town		
20c. TIME OF INJURY Month, Day, Year Hour o.m., Hour o.m., p.m. 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote bldg., etc.) 20f. (City or town) (County) 20f. (City or town) (City or town) (County) 20f. (City or town) (City or town) (County) 20f. (City or town) (City or town	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORM YES N	ED?
20c. TIME OF INJURY Month, Day, Year Hour o.m., Hour o.m., p.m. 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote bldg., etc.) 20f. (City or town) (County) 20f. (City or town) (City or town) (County) 20f. (City or town) (City or town) (County) 20f. (City or town) (City or town	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH INTERENCE AND	
21. I certify that (I) (this hospital) ottended the deceased from 1971. to		40
21. I certify that (I) (this hospital) ottended the deceased from 1971. to	Hour o. m. 19 Visited North of the North of	(Stote
saw the deceased alive an and that death accurred and M. from the causes and an the date stated above 220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. STAFF 221. ADDRESS NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION, REMOVAL (Specify) PUT 231. BURIAL, CREMATION, REMOVAL (Specify) PUT 232. NAME OF CEMETERY OR CREMATORY 2334. LOCATION (City, town, or county) Rest Haven Cametary Hagerstown Wash Co Mid		\ I
220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. REMOVAL (Specify) PUTAL 23d. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Rest Haven Cemetery Hagerstown Wash Co Md		
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, PHYS. 23b. DATE THEREOF PHYS. 22c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, PROVIDENCE PHYS. 22d. ADDRESS 23b. DATE THEREOF PHYS. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) 23d. LOCATION (City, fown, or county) 23d. LOCATION Wash Co. Mcd.		
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)		
NAME (Type) 75 EW HOTO Sequence 100 23a. BURIAL, CREMATION, PREMOVAL (Specify) REMOVAL (Specify) Purtial 4/9/60 Rest Haven Cametery Hagerstown Wash Co Mod		
REMOVAL (Specify) BUTTAL 4/9/60 Rest Haven Cemetery Hagerstown Wash Co Md		
Burdal 4/9/60 Rest Haven Cametery Hagerstown Wash Co Md		in the tile tile til
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	
AND RECORDINANT 200, REGISTRANT STOTIATIONS	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS APPRICATE ADDRESS	
Andrew K. Coffman Hagerstown Md. DATE APR 11'60 Cuthun S. Knows		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH BEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY Poge b. COUNTY Heolth, MARYLAND files. WASHLAIGTON WASHINGTON b. CITY OR TOWN (It outside corporate limits, write RURAL c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and give negrest town) Jo. HARDSBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) #d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NORTH YES TO NO M 3. NAME OF Stot First Middle DATE Month Ynor DECEASED (Type or print) DEATH the APIES LIANI 9. AGE (In years 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo TRAFTSMAN -CLAMISON MASH. Co. Sive Poges form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Give 650 Address PROSPECT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) ony With HAGERSTOWN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). puo PART I. DEATH WAS CAUSED BY Fracture of Skull Instant IMMEDIATE CAUSE (a) buriol-tronsit DUE TO Conditions, if ony, which Compound Comminuted Fracture Lt. Femur & Tibia gave rise to immediate cause DUE TO (a), stating the underlying Compound Fracture Of Left Humerus 0 couse lost. cremotion, 03 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used PERFORMED? Chief Medical E NO TX 200. EXTERNAL CAUSE WAS PRIMARY GOOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port ft of item 18.) Speeding car left road crashing into tree. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) at work of work Sharpsburg. 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection [X], Inquiry | and in my forworded to DIRECTOR: apinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 1-79-60 E. W. Ditto. DEP 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME ONSBORO arthur & Krous DATE APR 2 2 '60

5M 2/57

Management of the control of the con The second secon de la la propieta de la companya del companya de la companya del companya de la c

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18 0501
5067	CERTIFICATE (DE DEATH	00 1
0003	CERTIFICATE	JI DEAIII	Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY WASH	INGTON	MARYLAND	2. USUAL RESIDENCE (a. STATE MAR	Where deceased YLAND	lived. If institution b. COUNTY	on: Residence bef WASHII	
b. CITY OR TOWN (If outs	side carporate limits, write town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (ate limits, write R	URAL ond give n	earest town)
	f not in hospital, give street SIDE AVE.	address)	d. STREET ADDRESS 25 WEST	SIDE A	AVE.		e. IS RESIDENCE ON A FARM? YES NO (1)
3. NAME OF DECEASED (Type or print)	PAUL First	HARRY	BARNHART	4. DATE OF DEATH	APRI		5 19 60
MALE	WHITE WIDOW	_	8/4/189	1	P. AGE (In years last birthday)	Manths Days	Haurs Min.
100. USUAL OCCUPATION (C during mass by Northing)	Five kind of work dane 10b. ife, even if retired)	LUMBER CO.		SYLVAN			S.A.
HARRY BAI	RNHART		14. MOTHER'S MAIDEI ADA H	N NAME ESSER			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? give war or dates of service)	SOCIAL SECURITY NO. 214-09-1111	MRS. AUD	REY BAI		HAGERS'	LB.M.
PART 1. DEATH WIMM Canditions, if any, with the grave rise to immecouse (a), stating the gravity couse lost.	DUE TO which (b) (b) DUE TO under- (c) (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	01	TERVAL BETWEEN NSET AND DEATH 19. WAS AUTOPS' PERFORMED? YES \(\text{NS} \) NO
PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED) 400 Hour a.m. P. m.	ICAL EXAMINER)	Nat while f	ED. (Enter noture of injury PLACE OF INJURY (Home, fo actory, street, affice bldg.,	arm, 20f. (City o		(County	
	attended the decease 196 Solar D H Idan G A	ed from 1 16 m	, 19 5 7, ta h accurred at 225 M.D. // 5	PM, fram t		d an the dat	tw the decease te stated above DATE SIGNE
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	22b. DATE THEREOF 4/8/60	22c. NAME OF CEMETERY ROSE HJ			ON (City, town, GERSTO)		(State)
23. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS -		APR 1 1 '6		STRAR'S SIGNATI	

The state of the s THE REAL PROPERTY OF THE PARTY and the state of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 4 should b 2. USUAL RESIDENCE DWhere deceased lived. If Institution Pesidence before admission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND Poge b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c, CITY_OR TOWN (If outside carporate limits, write RURAL and alive nearest town) and give negrest to bur 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Waynesh YES NO IN NAME OF First DATE Month Year DECEASED OF DEATH (Type or print) 1960 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In you IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED DIVORCED T BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Poges Poge WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address File Give PAA3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: form Fracture Skull Instant IMMEDIATE CAUSE (a) Fracture Cervical Vertebrae DUE TO with Canditions, if any, which Compound Fracture Both Femur pencil gave rise to immediate cause buriol **DUE TO** (a), stating the underlying cause last. Entire face Crushed 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY OS PERFORMED? YES | NO P 20g. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) pe Exomi should Speeding car left road crashing into tree. word 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) ertificate, writing the well to the Chief Medical E DIRECTOR: Page 3 sho factory, street, affice bldg., etc.) Nal while at work at work 41 p.m. 1462 21.1 certify that I took charge of the remains described above, held an Autapsy Inquiry and find that Inspection Achief Chief Accident A. Suicide . death resulted from: Natural causes , Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURNAL, CREMATION, REMOVAL (Specify) 22b. DATE/THEREOF 22d. LOCATION (City, lawn, or county) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Colling S. Kraule DATE APR 2.1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND THE RESERVE OF THE SECOND
the same of the sa

.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05021

	5111	CERTIFIC	AIE OF DE	АІП			
1. PLACE OF DEATH a. COUNTY	Washington	MARYLAN	a. STATE	Md.	eased lived. If institut b. COUNT		are admission)
b. CITY OR TOWN RURAL and give Hagerstown		c. LENGTH OF STAY IN 1	V	OWN (If autside o	arporote limits, write	RURAL ond give ne	arest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give N	street oddress)	d. STREET AL ROUT	and an in the			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Charle:	Middle William	Black	4. DA	TE Mo	12	y Year
5. SEX male	The same of the sa	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday) 65 yrs	Months Days	R IF UNDER 24 HRS Hours Min.
during mast af wa	ION (Give kind af wark dan arking life, even if retired) DUSEMAN	P. R. R.		ACE (State or fareign	gn cauntry)		F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
	her S. Black			Euphemia			
13. WAS DECEASED EV (Yes, na, or unknown)	/ER IN U. S. ARMED FORCES (If yes, give war or dates of service)	informant Irs. Charlo	otte Blac	-	town, Md.	R3
Canditions, if gave rise to cause (a), stating lying cause last	g the under-						
ICATIC		ONS CONTRIBUTING TO DEATH				IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUI	KKED. (Enter nature at	injury in Part I or	Port II at Item 16.)		
20c. TIME OF INJU Haur a. m. p. m.	. 10	20d. INJURY OCCURRED 20e. While Nat while of work at work	PLACE OF INJURY (H factory, street, affice		(City ar tawn)	(Caunty)) (State
saw the dece	ased alive an 3 -	ttended the deceased fra	m / 0 - / - It death accurred	ny!	a $\frac{4}{-}$		hat (I) (we) las e stated abave
22a. SIGNATURE	2010	eth)	M.D. ATTENDING	DIRECTOR	STAFF PHYS.	Seria	22b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	DIEVIS	119Top	22d. ADDRE	legu	whom	my	
23a. BURIAL, CREMATI REMOVAL (Specification)		_ //	or Crematory		CATION (City, town, Hagerstown		(Stote)
24. FUNERAL DIRECTO		ADDRESS		250. REC'D BY RE	GISTRAR 25b. REG	SISTRAR'S SIGNATU	JRE
Fred W. Ki	raiss Hage	rstown, Md.		DATAPR 18	60	Ung & Kran	A

and 2 shauld be filed with may be the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremotian, or removal, and in ony event, within 72 hours after death. VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

es after death. Page 4

HVASC 12 STANFORD STA

management service and provide the service and service

Largeron community P. N. M. Virginia

oc established the control of the co

Calland Commission Com

Za .NY pandersank estant ly heat

ANYLAND STATE DEPARTMENT OF HEALTH CORDINANT, 18

OF THE SATE OF T

and the second second and the second		estantin i naci	
The state of the s	Hours 3	narod Historian na who	
The constant on the constant o			
The contract of the contract o		and mod	
The continue of the continue o		Million Sil	
Pictorial Participants Involve and Harrison Involve and Harrison Report Milton and Harrison Harrison and Heller and He	restrict Colors	別の発表が利用で	0.1
Participal and Albertaness of the Caretown and Albertaness of the Caretown and Care	ETAVLE		
The two is the contract of the		olut Foor	
	1817 18 3	b)C4	
		The last of the	
The second state of the se			Lesion I
The Co. Stern Delicated Washington			
A STATE OF THE STATE OF T	Transfer of the second	WEST AND THE REST	DE LOS

s after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

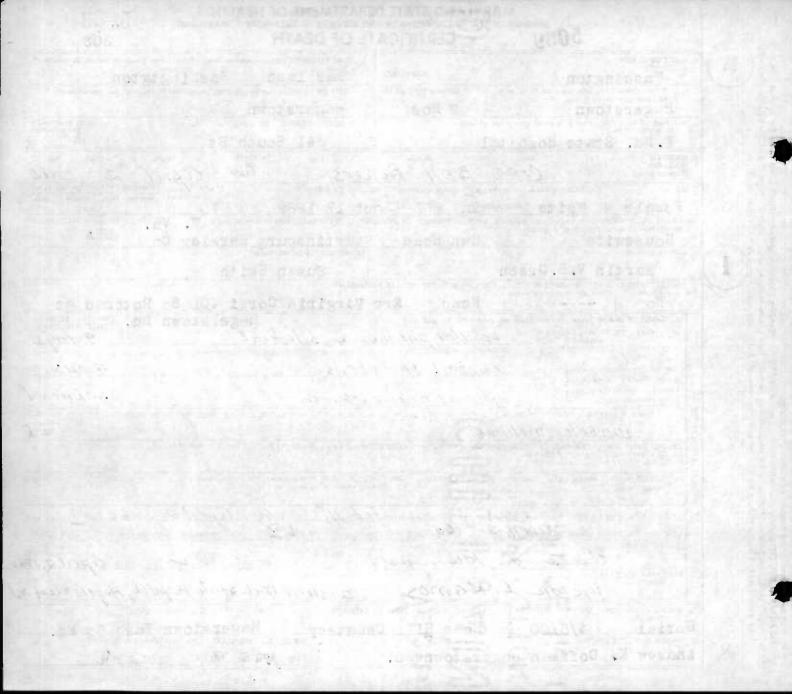
TO HOSPIF

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05023 302

1. PLACE OF DEATH a. COUNTY	netan	MARYLAND	2. USUAL RESIDENCE (Where dec o. SIATE Maryland	b-COUNTY	
b. CITY OR TOWN	If outside corporate limits, write	c, LENGTH OF STAY IN 16	*	Washingty to	
RURAL ond give n	eorest town)	2 Mos	12		,
Hagers	TAL (If nat in hospital, give street		Hagers town		e. IS RESIDENCE
OR INSTITUTION	State Hospita	1	341 Sout	h S+	ON A FARM? YES NO
3. NAME OF	First	Middle	Lost 4. DA		Day Year
DECEASED (Type or print)	Copa	Bell Bo	OF	ATH april	2 1960
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (la years IF UNDER lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.
Female	White widow	ED KIX DIVORCED [oct 17 1889	70 yrs. Morrins	Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar forei	gn country) W. Va 12. CIT	IZEN OF WHAT COUNTRY?
Housew		Own Home	wartinsburg I	Berkley Co	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Mart	in V.B. Green		Susan Sm	i th	
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, no, or unknown)	(If yes, give war or dates of service)	None Mrs	virginia Cor	si 401 So Pot	omac st
1B. CAUSE OF DE	ATH [Enter only one cause per li	ine far (a), (b), and (c).]	H ₈	agerstown Md.	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	obular preum	ovia bilatera	1	901045
13325	DUE TO			CE CETA PARTIES	
Canditions, if a	ony which)	erebral throi	mhasis		4 mes.
gove rise to	immediate (2/2/2/200 //// 0/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7
lying couse lost.		eneral arterio	solerocie		ZinknewoN
			NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
DI DI	abeles mellit				PERFORMED? YES NO
□ OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	Port II of item 18.)	
20c. TIME OF INJUI Havr o. m. p. m.	While	6-	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(City or tawn) ((County) (State)
21. I certify the	at (1) (this haspital) attend	4	11/		Q, that (1) (we) last
saw the decea	sed alive an april 6	1960, and that a	death accurred at M, fr	am the causes and an th	e date stated abave.
220. SIGNATURE	Victor L.	Ramus	M.D. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Victor L.		22d. ADDRESS Wostern Med		Hagerstown,
23a. BURIAL, CREMATIC REMOVAL (Specify		23c. NAME OF CEMETERY C		OCATION (City, town, or county)	(Stote)
Burial	4/5/60	Rose Hill C		gerstown Was	
24. FUNERAL DIRECTOR			2So. REC'D BY RE		IGNATURE
Andrew K.	voliman wag	erstown Md.	DATE APR S	60 Cirthua	2. Kenya



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05024

8	や	
4	M	1
De fil	_	/

090

Es after death. Page 4

the attending physician ond completely filled in by the funeral director, Then please remove carbon papers. Pages 1 and 2 shauld be filled with may be ned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, cremation, or remaval, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPIR

VR A1S (4) 1SM 9/59

	5070		CERTIF	ICA	TE OF DEAT	Н	IN I SAITE	050	144
1. PLACE OF DEATH o. COUNTY Wash	ington		MARY	/LAND	2. USUAL RESIDENCE O. STATE Maryla		ved. If institution b. COUNTY asning		fare admissian)
	(If autside carparate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN				earest tawn)
	rstown		D. O. A		03 Hag	erstown			
d. NAME OF HOSE OR INSTITUTION	ITAL (If nat in haspital,	give street			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	ounty Hosp	ital		1	1049 0	Columbia	Road		YES NO
3. NAME OF DECEASED (Type ar print)	ALVIE		Middle LEROY		BROWN	4. DATE OF DEATH	Manth	3 1960	Day Year
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	9.			R IF UNDER 24 HR
Male	White	WIDOW	ED DIVORCE	D 🗆	March 12	1899	61 yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (St	ate ar fareign cour	try)	12. CITIZEN	OF WHAT COUNTRY
Carpent	orking life, even if retired E T	,	Builder		Thurmor	at Fred	Co Md.	US	SA
13. FATHER'S NAME					14. MOTHER'S MAIDE				NEW YEAR
Ret	uben Brown	1			Mirand	la May H	arbaug	h	
13 WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT		Addres		
Yes (Yès, no, or unknown)	(If yes, give war ar dates of		91-01-832	7 M	rs Madelin	e Brown	1049	Columb	ia. Rd
18. CAUSE OF DE	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	use per li	ne far (a), (b), and (c).]		stown 1		IN	TERVAL BETWEEN NSET AND DEATH
Canditians, if	DUE TO) A			c heart di			N	
gave rise ta cause (a), statin lying cause las	g the under- DUE TO	:)	None						
PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING IG CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of injury	in Part I ar Part II	of item 18.)		
20c. TIME OF INJU Haur a. m p. m	. 10	ar 20d. II While at war	NJURY OCCURRED Nat while	20e. PLA fac	CE OF INJURY (Hame, f tary, street, affice bldg.,	arm, 20f. (City as	tawn)	(Caunt	y) (State
21. I certify the	nat (1) (this haspita	l) attend	ded the deceased 3 19 60, and	fram I that d	April 3 10 eath accurred at 1	1992 , .ta <u>A</u> a M, fram th	pril 3 e causes and	_, 19 <u>60</u> , an the da	that (I) (we) laste stated above
22a. SIGNATURE	. Joyn	on		,	ATTENDING PHYS.		STAFF PHYS		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	William 1	r. La	yman, M.	D.,		100 Prof erstown,			Bldg.,
23d. BURIAL, CREMATI REMOVAL (Specif Burial	4/5/60	OF .			Cemetery	Hage	N (City, town, ar	county) Wash C	
Andrew 1		n Has	ADDRESS zerstown	Md.		APR 7 '6	3	Thun 2. H	

THE THE SECOND STATE OF TH LINE PROPERTY AND A PROPERTY OF THE PARTY OF The historical risks where additioned with rest - 10-1880 in with . te in over each ANALYSIS OF THE STATE OF THE ST the street town to be a control of Mary Comments of will be one-resolution terrologia THE REPORT OF THE PERSON OF TH LEADER LO COLORDO LINE CONTROL CO

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
5071	CERTIFICATE	OF	DEATH		

CERTIFICATE OF DEATH

05025

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Washington	MARYLANE		DENCE (W		lived. If instituti b. COUNTY	wash	nce befor	re admiss	ian)
b. CITY OR TOWN RURAL and give I Ha	(If autside corporate limits, wrinearest tawn) serstown	c. LENGTH OF STAY IN 18		town (if dagers		ate limits, write f	RURAL and	give nea	rest tawn	1)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in haspital, give str Washington Co	ounty Hospital	d. STREET		Frankl	in St.				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First ALLEN	Middle EUGENE	CARPEN		4. DATE OF DEATH	Apri		19	_	Year 1960
5. SEX Male		ARRIED NEVER MARRIED	8. DATE OF BIRT		8	9. AGE (In years last birthday) 1 yrs.	IF UNDER	Days	IF UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo Non	rking life, even if retired)	06. KIND OF BUSINESS OR INI None			or fareign co		12. CIT	USA	WHATC	OUNTRY
13. FATHER'S NAME	Elwood Carper	iter	14. MOTHER'S		ret Be	st				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant r.Elwood	Carpe	nter	Add 225 W.Fr				n, Md.
Haur a. m. p. m. 19 While Not while of wark factory, street, affice bldg., etc.) 21. I certify that I attended the deceased from 12., 19.55, to 14. (9., 1960, that I last saw the dece						OS AUTOPSY PRIMED2				
						v the d	(State)			
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Quarl W.	OIHO THE	M.D. 21	No.	ADDRESS (St.	the causes ar reet, city ar tawn, Cury For	nd an the state) MS7	e date	stated DAT	d abave re signed
	ON, 22b. DATE THEREOF 4/23/60	22c. NAME OF CEMETERY Rest Hav	or crematory en Cemete	ry		ION (City, tawn,	,,		(Stat	
23. FUNERAL DIRECTOR Rest Haver		ADDRESS el Inc. Hagerst	own, Md.	24a. REC	PR 25 6		STRAR'S SI			
	When,	1 Host		5115	1200					

MARYLAND STATE OF MEMBERS OF A PROPERTY OF THE STATE OF T

yes meanbreat and		- william	under Life of	
		111	Buofice	
	ntimers, 1 age	foregon was	uel hodge friant	
			BELLA	
	gent, VI. von		62167	
	Marine Carry R			
			President Medica	
of it man.	5.53 TayloogdaD housely	. Till enoil		
Low Swede	70.171	or an area		
	A Supplement Decide			

il directar, filed with

funeral pe

the

physician and campletely filled

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

shauld

7 6

pup

Pages 1

papers.

carban

Then please remave

any

oud

ar remaval,

crematian,

DIRECTOR: After this certificate has been signed by the attending all be detached for use as the burial-transit permit. Then please re

by the haspital ar attending physician.

event, within 72 haurs after death

M

after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

OF DEATH CEDTIEIC ATE

51172	CERTIFICATI		
LACE OF DEATH COUNTY Washington	MARYLAND	2. [

USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. ST Maruland Washing ton CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in haspitol, give street address)
OR INSTITUTION
1917 Virginia Ave d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1917 Virginia Ave YES NO IN 4. DATE OF DEATH NAME OF DECEASED First Middle Manth Year 13 1960 April CARTER (Type or print) GERTRUDE TDA 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH 15

Female white	WIDOWED TO DIVORCE	□ March 16 1872	8 yrs. Months Doys Hours Min.
do. USUAL OCCUPATION (Give kind of working most of working life, even if ret Housewife	ork done 10b. KIND OF BUSINESS Of tred) Own Home	Brownsville Was	
John L. Mills		14. MOTHER'S MAIDEN NAME Lucy Gordon	
. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or date NO		Edward Q4 Carter 1	22 E. Main St
10010	BY: Anteniogal	Sharpsburg Md. erotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 2 years
lying cause lost.	(b)		
		ath but not related to the terminal disease coriosclerosis, general	DEDEC PALEDS
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	TH	CCURRED. (Enter nature of injury in Part 1 or Port 11 o	of item 1B.)
Hour a.m.	Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, farm, 20f. (City or foctory, street, office bldg., etc.)	town) (County) (Stat

21. I certify that (I) (MAKANAMI) ottended the deceased from March 14 158 . to Apr.

1960, that (1) (we) last 12150 saw the deceased olive on April , and that death occurred at D. M. fram the causes ond on the dote stated above 220. SIGNATURI 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D.

22c. PHYSIC AN' 22d. ADDRESS 00 Professional Arts Layman, M.D. NAME (Type) Hagerstown, Maryland

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rest Haven Cemetery Burial

Hagerstown Was h Co 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

23d. LOCATION (City, town, or county)

Andrew K. Coffman Hagerstown Md.

Orthur & Keaus

(State)

page 3 shauld be detached far use as the the State Board of Health priar ta burial, TO FUNE TO HOSP VR A1S (4) 1SM 9/59

420.1

Telephone State of the State of

TORREST OF THE SALES AND THE S

in the straight of the Holes that the straight of the 1922 and 192

of mich A Bills wertaken authors | many List with the company of the

ence S ... See a M. Dynon oldonalow by the

the steep tellibus; Artem by the maje, was the second

The state of the s

. whole a saw temperature of the control of the con distriction, omniero gal

THE OWNER OF THE PROPERTY OF T

La la contra all months of the results

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05027

	5073	CERTIFICA	TE OF DEATH		03021
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	ere deceased lived. If institution b. COUNTY	Residence before admission) Washington
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown	c. LENGTH OF STAY IN 16 8 months	03	outside carporate limits, write RUI	
	d. NAME OF HOSPITAL (If not in hospital, give street or institution 980 Northern Ave.	address)	d. STREET ADDRESS 980 No.	rthern Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) BRAWNER	Middle	CATES, JR.	4. DATE Manth	Day Year 8 1960
	s. sex 6. COLOR OR RACE 7. MARR widows		B. DATE OF BIRTH February 8,		F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
		kind of Business or industrial whosale	er Richmond,	Virginia	U.S.A.
	Brawner Cates, St		14. MOTHER'S MAIDEN N	rchant	
I	(Yes, no, ar unknown) (If yes, give war ar dates of service)	7 00 000	Mrs. Helen Cat	Addre tes Hagerst	
	1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CAUSED AND	cute H vissection lhermati	a Aortic Heart NOT RELATED TO THE TERMI		PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE		Part I ar Part II af item 18.)	YES NO 🗆
	Haur a.m. While	NJURY OCCURRED 20e. PL Nat while k at wark	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	, 20f. (City ar tawn)	(Caunty) (State)
,	21. I certify that (I) (this hospital) attends sow the deceased glive on APLI 1 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	<u>\$ 1960</u> , and that a	death occurred of 2:45		in the dote stoted obove. 4/9/60 ewtown md
	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 4/11/1960	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, or Richmond.	county) (State) Virginia
	24. FUNERAL DIRECTOR'S SIGNATURE Syler-Rouzer Funeral Home	ADDRESS	2So. REC'	D BY REGISTRAR 256, REGIST	RAR'S SIGNATURE

s after death. Page 4 may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed why the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VR A1S (4) 1SM 9/59

and er street out THE P. LOUIS CO. LEWIS CO. athirate hastinal estimator at the following dialogical st. the second state of the second second

STON 55071

) R

s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

05028

	5074 CERTIFICA	IE OF DEATH
1.	PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ASHIVATON
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HACE RSTOWN
-	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 412 - I EVNOLDS AVE:	1412 REUNOLDS AVE GO NO A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	Lost (4. DATE Month Day Year OF DEATH APRIL - 7 7 19 60
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HAUSE WIFE OWN HONE	BERRY ILLE VA. 12. CITIZEN OF WHAT COUNTRY
13	CEURGE NO SPIELMAN	14. MOTHER'S MAIDEN NAME ANNA GOUFF
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. no. or ynknown) (If yes, give war or dates of service)	RS. SIGHIN AUSHER NIAN HAGE RETOING
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candilians, if any, which gove rise to immediate cause (a), stoting the under-lying cause last. (b) DUE TO DUE TO Councilians, if any, which gove rise to immediate cause (a), stoting the under-lying cause last.	asterio Schritic Heart ONSET AND DEATH Cult myrandial Failure 5 9n +
ICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES \(\sum \) NO
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40. PL While Not while 50 work 50 to work	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State ctary, street, affice bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive on 27 1900, and that a	195. 19 9. ta 27 Apr 1968, that (1) (we) last leath accurred a 110 M, from the causes and an the date stated above
	220. SIGNATURE TUSBY	M.D. PHYS. ATTENDING MED. DIRECTOR PHYS. 194
	NAME (Type) - 1- LUS by	2300 Polimas St
Ľ	REMOVAL (Specify) APRISO 1960 SOONSBORD	CEMETERY BOONSBORD WASH. CO. MD
24	PONSBORO A	DATE MAY 5 '60 Cultury S. Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 la TO HOSPIT VR A15 (4) 1SM 9/59

An And Storm Apple 1755 The published and Stype of the set of the of the Charles Man

05029

	00.0					
1. PLACE OF DEATH o. COUNTY Washing	gton	MARYLAND	CTATE	yland b. COUN		
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Hagerstown	limits, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, writ	e RURAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital OF INSTITUTION OF INSTITUTION OF State	Hospital		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ducenie	Middle	Last	OF	North De	y Year 1960
5. SEX Female 6. COLOR OR RAW White		DIVORCED	Jan. 4, 18	9. AGE (In yet lost birthdo	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of worduring most of working life, even if retined to the second sec	ork done 10b. KIND OF (ired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote Maryla)			F WHAT COUNTRY?
13. FATHER'S NAME George Davis			14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED I (Yearno, or unknown) (If yes, give war or dates			s. Goldie		nurmont,	Md.
1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BE IMMEDIATE CAUSED BOTTOM OF THE COURSE (a), storing the under-lying cause last.	8Y: E (0) Lebul TO		monia, bil	aferal	ÖX	FERVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT OF Cardiac decon	pensation	() G	eneral arter	ioselerosis		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA		W INJURY OCCURRED). (Enter noture of injury in	Fort I or Port II or Item 18.;		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While _ Not	while foc	CCE OF INJURY (Home, form tory, street, office bldg., etc	, 20f. (City or town)	(County) (Stote)
21. I certify that (I) (this hosping saw the deceased alive an 220. SIGNATURE 22c. PHYSICIAN'S	pril 24 190	60, and that d	eath accurred at 5.3	M, fram the causes		
NAME (Type) VICTOR 230. BURIAL, CREMATION, 23b. DATE THE	L. Ran.	ME OF CEMETERY OF		23d. LOCATION (City, tow	1, Hage istour	w, md.
Burial 4-26-6	50 Ur	nited Bre	thern Cem.	Thurm	ont, Mar;	*
Baymond F. Creas		emont, Ma	aryland DAMPR		egistrar's signatu why S. Krand	

s ofter death. Page 4 and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPIT

VR A15 (4) 15M 9/59 M

HIARD TO BIA SHARRA SCOT

10 10 10 1			rotenices.	
			ave:	omat of I
			soll etato J	k mascoii
A STATE OF THE STA				
	Mas. 1, 1887 1 22	n	etimie	
	inalveni	osoli nv0.		dimoent's
	Swean Wilde		s.rest	og san (
A Landau	arcina elilop n	Kenak		
	wat down or the	The same of		
Charles Services	м (Sec. at N		
- british todo	orani - ireo naedo	owd Ceaked	- `-	* 4.
	the deal same in stem	W.Tounnout, Sc	You and	TO CONTRACT OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

19

MD.

PERFORMED?

(Stote)

DATE SIGNED

(Stote)

death certificate

requires that the

VS A15 (4) 15M 9/58

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITAL

VS A15 (4) 15M 10/57

rs ofter death. Page 4

	1	-	-	
(1
1		la.		1
	-	-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5101 CERTIFICATE OF DEATH

0503 t Reg. Dist. No.

PLACE OF DEATH O. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W		OUNTY		
	(If outside corporate limits, w	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,		nington give nearest to	
RURAL ond give Rung 1 d. NAME OF HOSP OR INSTITUTION	Hagerstown #	5 21 Years	d. STREET ADDRESS	, Smithsbu	rg #2, r	e. 15 R	PSIDENCE A FARM?
H	agerstown #5		Smith	sburg #2		YES	□ NO □
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	Etta	L.	Davis	DEATH	April	15.	1960
5. SEX		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Aug. 24. 187	9. AGE (In last birt	hday) Months	Days Hour	
10a. USUAL OCCUPAT during most of wo		10b. KIND OF BUSINESS OR INDU			12. CI	TIZEN OF WHA	AT COUNTRY?
13. FATHER'S NAME		House Wife	Lantz Md			I.S.A.	
S	amuel Pryor						9 14 5
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		Louise	VIIIIe	Address		
(Yes, no. or unknown)	(If yes, give war or dates of service)		Mrs. G. Calvi	n Shoon He	gerstown	MA 4	4.5
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		faile	J.		INTERVAL ONSET AN	BETWEEN DEATH
Conditions, if	immediate (DUE TO	Linkete	I mille	tue		5	1/10
lying couse lost	(c)	Suile s	relessors	heron	Ó	5	413
PART II. OT	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PAR	PERF	S AUTOPSY FORMED?
	/AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item	18.)		
20c. TIME OF INJU Hour o. m. p. m.	10 V	Od. INJURY OCCURRED 20e. PL While Not while fa I work 01 work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	.) 20f. (City or town)	(County)	(State)
21. I certify t	hat I attended the dec	ceased fram	, 1950 ta	1pr. 4.15.	19 60.that 1	last saw the	e deceased
alive on	April 13	19 60, and that death	accurred at		uses and on t	he date sta	
ACTUAL SIGNATURE	770	Ches	M.D.	7	MY C	×	
PHYSICIAN'S NAME (Type)	Dr. David	R. Hess		0			
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City.	town, ar county)	(51	ote)
Burial	4/17/60	Harbaugh 1		Smithsbu		ranklir	1 Co., F
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	2 0		REGISTRAR'S SI	GNATURE 1 8. Kraus	
11/3/11/	by the state	2 Waitnow	DATE DATE	APR 1 8 '60	Circui	1 2. 70,000	4-11

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05032

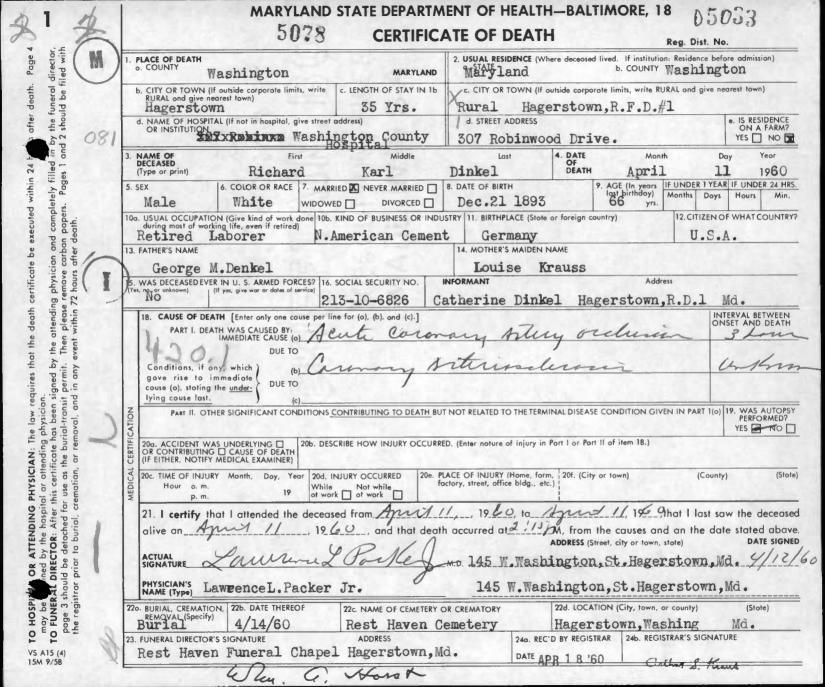
1. PLACE OF DEAT a. COUNTY	н		11 (35)		SUAL RESIDENCE (WI	nere deceased live		: Residence bei	fare admission)
u. cookii M	/ASHINGTO	ON	MARY	ILAND "	MARVLA	NO	b. COUNTY	ASH INI	TON
	'N (If autside carporate I	imits, write c. LE	NGTH OF STAY	IN 1b c	CITY OR TOWN (IF	autside carporate l	imils, write RU	RAL and give n	earest town)
HA	GE12 STOVY	N 3	3 DAVS	. 0		STOWN			
d. NAME OF HO	SPITAL (If nat in haspita ON	l, give street addres	s) /	1	. STREET ADDRESS				e. IS RESIDENCE
101 M	ASH, Co.	+losp1	TAC	ΓĄ	0.6.5.0	PANNON	AVE		YES NO
NAME OF DECEASED	A	First	Middle	0	Last	4. DATE OF DEATH	Manth		Day Year
(Type ar print)	HUAN	SAN	VEL	DIET	ERICH		PRIL-		19 6
S. SEX	6. COLOR OR RAC	7	1		TE OF BIRTH	9. At	st birthday)	Manths Days	Hours Min
MALE	WHITE	WIDOWED	DIVORCE	- 111	C-24-12	541	68 yrs.	8 5	DE MALAY COUNTY
	ATION (Give kind af wa warking life, even if reti				1. BIRTHPLACE (State	ar tareign country	")	12. CITIZEN C	OF WHAT COUNTR
SETTIRED		HANGE	BORN C	ORP.	MASH	Co. V	10.	1 410	SiA.
J. FATHER'S NAME	n.			14.	MOTHER'S MAIDEN I	NAME		0	
SAMI	EL UI	ETERIC	H). 17. INFORM	IVIAKT	HA VI	TUNE	CEAU	0.4
(es. no. or unknown)	EVER IN U. S. ARMED F		L SECURITY NO	A A DC	MARIA TO	. = 77		S.CAN	
TIZINAY	41	21.17	10-181	4/1/S1/	MARTE D	IEIERIC	H MA	GE RST	
	DEATH [Enter anly and DEATH WAS CAUSED B'	w =:						10	TERVAL BETWEEN
FANI I.	IMMEDIATE CAUSE	(a) Cereb	ral he	mannha					21 davs
000	. 3.0			MO HERE	ge				ca uays
33	DUE							Und	etermin
	if ony, which	(b) Cereb	ral ar		clerosis	and va	scular	Und	300
gave rise ! cause (a), sta	if ony, which o immediate ling the under-	(b) Cereb			clerosis	and va	scular	Und	300
gave rise t cause (a), sta tying cause l	if ony, which o immediate ting the underast.	(b) Cereb:	hyp	terios ertens	clerosis ion			3	etermin
gave rise t cause (a), sta tying cause l	if ony, which o immediate ling the under-	(b) Cereb:	hyp	terios ertens	clerosis ion			3	etermin
gave rise t cause (a), sta tying cause l	if ony, which o immediate ing the <u>under-ost.</u> OTHER SIGNIFICANT CO	(b) Cereby to (c) CONDITIONS CONTR	hypo	terios ertens	clerosis ion	INAL DISEASE CO	NDITION GIVE	3	etermin
gave rise t cause (a), sta tying cause l	o immediate oing the under-ost. OTHER SIGNIFICANT CO	(b) Cereby to (c) ONDITIONS CONTR	hypo	terios ertens	clerosis ion	INAL DISEASE CO	NDITION GIVE	3	etermin
gave rise I cause (a), sta lying cause I PART II. 20a. ACCIDEN OR CONTRIBU	if ony, which o immediate ling the under-ost. OTHER SIGNIFICANT CONTINUE TIME CAUSE OF DEATIFY MEDICAL EXAMINE	(b) Cereby to (c) ONDITIONS CONTR	hyo	terios ertens ATH BUT NOT	clerosis ion RELATED TO THE TERM er nature of injury in	INAL DISEASE COI	NDITION GIVE	N IN PART 1(a)	etermin 19. WAS AUTOP: PERFORMED? YES NO[
gave rise II cause (a), sta lying cause II PART II. PART II. 20a. ACCIDEN: OR CONTRIBU' (IF EITHER, NO	if ony, which o immediate o immediate ding the under-ost. OTHER SIGNIFICANT CONTING OF CAUSE OF DEATTIFY MEDICAL EXAMINE SIJURY Manth, Day, m.	(b) Cereb: TO (c) ONDITIONS CONTR 20b. DESCRIBE IN THE PORT OF TH	hyonest property of the how injury of the house of the ho	terios ertens ATH BUT NOT CCCURRED. (En	clerosis ion	Part I ar Part II al	NDITION GIVE	3	etermin 19. WAS AUTOP: PERFORMED? YES NO[
gave rise I cause (a), sta lying cause I PART II. 20a. ACCIDEN: OR CONTRIBU' (IF EITHER, NO 20c. TIME OF IN Haur a. P.	if ony, which o immediate ting the under-ost. OTHER SIGNIFICANT CONTINUE CAUSE OF DEATIFY MEDICAL EXAMINE NURY Manth, Day, m. 1	(b) Cereb: TO (c) ONDITIONS CONTR TH R) Year 20d. INJURY While of wark C	hyoung to de	terios ertens ATH BUT NOT DOCCURRED. (End	CLETOSIS ION RELATED TO THE TERM er nature of injury in	Part I or Part II of	NDITION GIVE i item 18.)	N IN PART 1(a)	etermin 19. WAS AUTOPS PERFORMED? YES NO[
PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Hour a. p. 21. I certify	if ony, which o immediate o immediate ost. OTHER SIGNIFICANT COUNTY OF THE OF DEATH OF THE	(b) Cereb: TO (c) ONDITIONS CONTR TH R) 20b. DESCRIBE TH R) Year 20d. INJURY While of wark control of the co	hypolisuring to de How injury of OCCURRED Not white at work are deceased	terios ertens ATH BUT NOT CCCURRED. (End 20e. PLACE C factory, from an	CLETOSIS ION RELATED TO THE TERM er nature of injury in F INJURY (Hame, farn street, affice bldg., etc.	Part I ar Part II of	ndition give item 18.)	(Caunt	etermin 19. WAS AUTOP: PERFORMED? YES NO[
gave rise I cause (a), sta lying cause I lyi	if ony, which o immediate oimmediate oimmediate oist. OTHER SIGNIFICANT COUNTY OF THE OFFICE OF DEATHER SIGNIFICANT COUNTY OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	(b) Cereb: TO (c) ONDITIONS CONTR TH R) 20b. DESCRIBE TH R) Year 20d. INJURY While of wark control of the co	hypolisuring to de How injury of OCCURRED Not white at work are deceased	terios ertens ATH BUT NOT CCCURRED. (End 20e. PLACE C factory, from an	CLETOSIS ION RELATED TO THE TERM er nature of injury in	Part I ar Part II of	ndition give item 18.)	(Caunt	etermin 19. WAS AUTOPS PERFORMED? YES NO (Stort that (1) (we) lote stated above
PART II. 20a. ACCIDENT OR CONTRIBUT OR CONTRIBUT OR CONTRIBUT 20c. TIME OF IN Haur a. p. 21. I certify	if ony, which o immediate oimmediate oimmediate oist. OTHER SIGNIFICANT COUNTY OF THE OFFICE OF DEATHER SIGNIFICANT COUNTY OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	(b) Cereb: TO (c) ONDITIONS CONTR TH R) 20b. DESCRIBE TH R) Year 20d. INJURY While of wark control of the co	hypolisuring to de How injury of OCCURRED Not white at work are deceased	ATH BUT NOT CCURRED. (End 20e. PLACE Confectory, from Jan I that death	CLETOSIS ION RELATED TO THE TERM er nature of injury in F INJURY (Hame, farn street, affice bldg., etc.	Part I ar Part II al	notition give item 18.) win) ril 29 causes and	(Caunt	etermin 19. WAS AUTOPS PERFORMED? YES NO [y) (Sta that (1)(we) lo te stated above 22b, DATE
gave rise I cause (a), sta lying cause I lying cause I lying cause I PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Haur a. p. 21. I certify saw the det 22a. SIGNATUI	if ony, which o immediate o immediate oing the under-ost. OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT COUNTY OF THE SIGNIFICANT COUNTY OF THE SIGNIFICANT COUNTY OF THE SIGNIFICANT OF	(b) Cereb: TO (c) ONDITIONS CONTR TH R) 20b. DESCRIBE TH R) Year 20d. INJURY While of wark control of the co	hypolisuring to de How injury of OCCURRED Not white at work are deceased	ATH BUT NOT CCURRED. (End 20e. PLACE Confectory, from Jan I that death	CLEPOSIS I ON RELATED TO THETERM er nature af injury in F INJURY (Hame, farm threet, affice bldg., etc.) accourred at	Part I ar Part II al 20f. (City ar Ic M, fram the	noition give item 18.) awn) ril 29 causes and	(County)	19. WAS AUTOPS PERFORMED? YES NO [19. WAS AUTOPS PERFORMED? YES NO [19. WAS AUTOPS PERFORMED? YES DATE 22b. DATE 27b. DATE 27c. 1960
gave rise I cause (a), sta lying cause I lying cause I PART II. 20a. ACCIDEN OR CONTRIBU (IF EITHER, NO 20c. TIME OF II Haur a. p. 21. I certify saw the dec	if ony, which o immediate o immediate oing the under-ost. OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE SIGNIFIC	(b) Cereby TO (c) ONDITIONS CONTR 20b. DESCRIBE TH (R) Year 20d. INJURY While of wark control tal) attended th April 20	hypolisuring to de How Injury of Occurred Nati work had work he deceased 19.60, and	ATH BUT NOT CCURRED. (End 20e. PLACE Confectory, from Jan I that death	CLETOSIS ION RELATED TO THE TERM er nature of injury in F INJURY (Hame, form street, office bldg., etc.) accourred at	Part I ar Part II of III	noition give item 18.) ril 29 causes and AFF. Washir	(County), 1960, and the do	etermin 19. WAS AUTOPS PERFORMED? YES NO [y) (Sta that (1)(we) lo te stated above 22b, DATE
gave rise I cause (a), sta lying cause I PART II. 20a. ACCIDEN OR CONTRIBU (IF EITHER, NO 20c. TIME OF III Haur a. p. 21. I certify saw the dec 22a. SIGNATUI 22c. PHYSICIAH NAME (Ty.	if ony, which o immediate o immediate oing the underdast. OTHER SIGNIFICANT CONTING OF THE SIGNIFICAN	(b) Cereb: TO (c) ONDITIONS CONTR TH 20b. DESCRIBE TH 20d. INJURY While of wark 1 ctal) attended the April 20	hypolisuring to de How injury of Occurred Natiwhile at work and the deceased 19.60, and M.D.	TETIOS ATH BUT NOT CCCURRED. (End 20e. PLACE Confectory, from Jan that death M.D.	CLEPOSIS ION RELATED TO THE TERM er nature of injury in F INJURY (Hame, form street, office bldg., etc.) accourred of	Part I ar Part II of III	noition give item 18.) ril 29 causes and AFF. Washir n. Mar	(County) (County) (County) (An the do May (Angton) (County)	etermin 19. WAS AUTOPS PERFORMED? YES NO [19. WAS AUTOPS PERFORMED? YES NO [19. WAS AUTOPS PERFORMED? YES DATE 2. 1960 Street
gave rise I cause (a), sta lying cause I lyi	if ony, which o immediate of immediate of immediate of immediate of the im	(b) Cereb: TO (c) ONDITIONS CONTR TH 20b. DESCRIBE TH 20	hypolisuring to de How Injury of Occurred Nat white of twork of the December o	TETIOS ATH BUT NOT CCCURRED. (End 20e. PLACE Confectory, from Jan that death M.D.	CLEPOSIS ION RELATED TO THE TERM er nature of injury in F INJURY (Hame, form street, office bldg., etc.) accourred of	Part I ar Part II of III	noition give item 18.) ril 29 causes and AFF. Washir n. Mar	(County) (County) (County) (An the do May (Angton) (County)	etermin 19. WAS AUTOPP PERFORMED? YES NO [that (14 (we) look the stated above 22b. DATE 2, 1960 Street (State)
gave rise I cause (a), sta lying cause I lying cause I lying cause I lying cause I PART II. 20a. ACCIDEN' OR CONTRIBU' (IF EITHER, NO 20c. TIME OF II Haur a. p. 21. I certify saw the dec 22a. SIGNATUI lying saw the dec 22	if ony, which o immediate o immediate oing the underdast. OTHER SIGNIFICANT CONTING CAUSE OF DEATHER MONTH, Day, m. 1. That (L) this hospited and the continuous of the cont	(b) Cereb: TO (c) ONDITIONS CONTR TH 20b. DESCRIBE TH While of wark of wark tall) attended the April 20 eisley. REOF 23c. 1960 23c.	hypolisuring to de How injury of Occurred Natiwhile at work and the deceased 19.60, and M.D.	TETIOS ATH BUT NOT CCCURRED. (End 20e. PLACE Confectory, from Jan that death M.D.	CLEPOSIS ION RELATED TO THE TERM er nature of injury in FINJURY (Hame, farm street, affice bldg., etc. accurred of	Part I ar Part II of III	noition give item 18.) ril 29 causes and AFF. Washir Mar (City, town, or	(County) (County) (County) (An the do May (Angton) (County)	etermin 19. WAS AUTOPS PERFORMED? YES NO [19. WAS AUTOPS PERFOR

the ottending physicion and campletely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has been any been med by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs ofter death. VR A1S (4) 15M 9/59

s ofter death. Page a

South a series of the series o



ANDIANIA SELECTION OF THE SELECTION OF T

to tenance of the state of				
Laur. M. P. M. arrist		v 607 78	200	
or and another	Sophinadell Votari	x20000 gostes	Heise book berry 75	
obc 11 that we		Ser Lea		
	693F IS.000		www stantes	
	Visited Ja	mail measured		
	accompany of the last of the l		Telesco	
Entra E. Pringrowski resealt				04
CAPACITY OF SERVICE AND ADDRESS OF THE PARTY				
Para de monar forma. Planos	anthus. Light na .		ST THERE	
. M. promise et	Line of the sale	70.5	resput Library	
walded and a section of	iii 7286ma		00/61/4	

VS A15 (4) 15M 9/58

0.5034

Reg. Dist. No.

	B. CITY OR TOWN (IF	outside corporate limit arest town)	c. LENGTH OF STAY IN 42 YRS.	1b c. CITY OR		ide corporate limi RSTOWN	ts, write RURAL on	nd give nearest to	wn)
V	d. NAME OF HOSPITA	N COUNTY	ive street address) HOSPITAL	/1201	ADDRESS WAE	SHINGTO	I ST.	ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	CARRIE	BLANCHE	DOFFLE	MYER 4	DATE OF DEATH	APRIL	11	Yeor 19 60
s. s	FEMALE	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	77/0	/1882	9. AGE lost b	(In years IF UND Months	Days Hour	
10a	. USUAL OCCUPATIO during most of worki HOUSEWI	ng life, even if refired)	HOME		RGINIA		12.C	U.S.	
	PENDLETO				ROTHY		TRICKLE	R BURG.	
16.	WAS DECEASED EVER	IN U. S. ARMED FORG f yes, give war or dates of se	CES? 16. SOCIAL SECURITY NO. NONE	MRS. GE	NEVIE	VE BAAD	TE	*PENNN	
MEDICAL CERTIFICATION								(County) last saw the he date state	S AUTOPSY FORMED? (Stote) deceased ed abave. ATE SIGNED
220	BURIAL, CREMATION	1, 22b. DATE THEREO 4/14/6		CEM.	22	HAGERS	ity, town, or county	MD.	tote)
23.	FUNERAL DIRECTOR'S	SIGNATURE	Hagestown,	Ted.	24a. REC'D 8		24b. REGISTRAR'S arithur S.		
			/						

700X

	J. Williams		
			La Tos Cit
, , , ,			
	P V		
		Sur Printer	

The state of

TO HOSPIT

VS A15 (4) 15M 10/57

5102 **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

								wag. Dist.	110.	
1. PLACE OF DEATH o. COUNTY,	shington		MARYLA		USUAL RESIDENCE (Who state Penna.	ere deceased	lived. If instituti b. COUNTY			sion)
b. CITY OR TOW	N (If outside carparate timi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside corpor	ate limits, write R	URAL ond give	e nearest tawr	1)
Hagerstov			6 weeks		Shiremans	town		1	75Y-	3
	SPITAL (If not in hospital, g	ive street			d. STREET ADDRESS				e. IS RES	IDENCE
	Lane Farm				12 S. Sto	ner Av	78 .			FARM?
	Fit	n)	Middle		Lost	4. DATE	Mor	46		Year
3. NAME OF DECEASED (Type or print)	Core		mode		Doner	OF DEATH	4	TA S	25	1960
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost-birthdoy)		YEAR IF UND	R 24 HRS. Min.
female	white	WIDOWI	ED DIVORCED [ען	ec. 15, 187	8	81 yrs.		ays Hours	win.
10a. USUAL OCCUP, during most of	ATION (Give kind of work working life, even if retired)	kind of Business or i	INDUSTRY	11. BIRTHPLACE (Stole New York	_	untry)		A.	COUNTRY?
13. FATHER'S NAME				14	MOTHER'S MAIDEN N	IAME				
Andre	W Herr				Eliza Eshe	lman				
	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	lress		
(Yes no, or unknown)	(If yes, give war or dates of s			Mrs	. Mark L.Wi	nger	Shirema	nstown	, Pa.	
Conditions, i gave rise to couse (a), stati	ing the under- DUE TO	Co	ndiac	De	davertu	cular	tor	Disco	1 We	erolde
PART II. PART II. 200. ACCIDENT OR CONTRIBUTI	OTHER SIGNIFICANT CON	DITIONS	ON RIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PART 1	PERFC	AUTOPSY PRMED?
	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	iter nature of injury in P	Port I or Port	II of item 1B.)			
20c. TIME OF IN Hour o.	m. 10	While	NJURY OCCURRED 20 Not while k ot work	le. PLACE (foctory,	OF INJURY (Home, farm, street, affice bldg., etc.	, 20f. (City	or town)	(Cou	unty)	(Stote)
21. I certify alive on A. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I offended the	deceas , 19/	1		Brook Land	M, fram ADDRESS (SIR e Farm	the causes of	and an the	date state	ed above. ATE SIGNED
220. BURIAL, CREMA REMOVAL (Spec BUTIAL	TION, 226. DATE THEREC	F	Mechanics	700 500		22d. LOCAT	on (City, fown, hanicsbu	or county)	(Stot Pa.	
23. FUNERAL DIRECT			ADDRESS		24g. REC'E	D BY REGISTA		STRAR'S SIGN.	ATURE	
Mortin	I muss	97	Mechanic	sburg		nn 0 7		7 11 - 9		

		TATE DEPARTME	S GM ALL	MAN
	NTABO TO ST		[9H3]	
Tales of the same		usumat gra		
				25/16/1
			(2 P	
Table and the part of 2000				
Company of the compan				Company Carlo Plant P. C.
1.25				· · · · · · · · · · · · · · · · · · ·
	AUGUSTA CONTRACTOR SECTIONS			
	AND THE RESERVED AND RESERVED.			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5102 — CERTIFICATE OF DEATH

30205036

	- LV:	tem B ki m	G261-4-20-60	O.T.	
1. F	LACE OF DEATH . COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO I STATE	nere deceased lived. If institution: Resident b. COUNTY NA Washington	
ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL and	
	Hagerstown R # 6	3Yrs	X Hage	rstown R # 6	
(I. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Lappans Cross Road	s	Lappans	Cross Roads	YES NO
E	IAME OF First PECEASED First Type or print) GRACE	Middle PEARL	DORSEY	4. DATE Month OF DEATH April 14	Day Yeor 1960 19
5. 5	EX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
	Female White WIDOW	ED DIVORCED	March 14 18	960 40 yrs. Months	Days Hours Min.
10a	USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
	Housewife	Own Home	Princeton	Mercer Co Pa	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
	William H. Kessinge	r	Susie	Grubb	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
1	No	He	arry P. Dor	sey 116 No Jonat	han St
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]	/ Hag	gerstown Md.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carebral	Humor	liage	3 days
	DUE TO	1 +	G 41	1	
	Conditions, if any, which) (b)	Hyperfeuse	ve Cardio 7	ascular Hislan	6 440
	gove rise to immediate Cause (a), stating the under-	11			
	lying cause lost. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	RT 1(0) 19. WAS AUTOPSY PERFORMED?
CAT	- C	relepsy	(15	years.	YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY O'CCURRE	D. (Enter nature of injury in	Part I or Port II of item 1B.)	
MEDICAL		- f-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		County) (State)
MED	Hour a.m. While at war	1401 Mulle	clory, sireer, office blug., etc	·) i	
	21. I certify that (I) (this haspital) attend	ded the deceased fram	Janel 10	50 to 4-14 196	that (I) (we) last
	saw the deceased alive an 4-14		40	M, fram the causes and an the	
	220. SIGNATURE				22b. DATE
	Kokert! Co	usad	M.D. PHYS. DE M	ED. STAFF PHYS.	4-15-60
	22c. PHYSICIAN'S NAME (Type) Robert ?	Corrrad	22d. ADDRESS 137ω. ωq	sh. Hagersto	wn, 777d.
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	DR CREMATORY	23d. LOCATION (City, town, or county)	(State)
	Burial 4/16/60	Rose will	Cemetery	Hagerstown Was	h Co Md
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGISTRAR'S SI	
	Andrew K. Voffman Ha	gerstown Md.	DATE AP	R 18'60 arthur S.	Kraus

VR A15 (4) 15M 9/59

ra mentado e la compressa de la tractica de la compressa de la compressa de la compressa de la compressa de la La compressa de the state of the s BURG BERT DE SERRE LA PROPERTIE DE LE LES MESES SELECTIONS DE LA PROPERTIE DE LA PORTIE DE LA PORTIE DELLE DE LA PORTIE DE LA PORTIE DE LA PORTIE DE LA PORTIE the state of the s

O HOST CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 persons after death. Page 4 may the haspital or attending physician. D FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH 5080 CERTIFICATE OF DEATH

05037

1. PLACE OF DEATH o. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE a. STATE Mo	(Where deceased lived.	If institution: 1 c. COUNTY	Residence before od Washingt			
b. CITY OR TOWN (If o RURAL and give neor	utside corporate limits, write	c. LENGTH OF STAY IN 16	103 -	(If outside corporate linerstown	nits, write RURA	L and give nearest	rown)		
OR INSTITUTION	(If not in haspital, give street Hospital	address)	/d. STREET ADDRESS 339 Ridge Ave., e. IS O YES						
3. NAME OF DECEASED (Type or print)	First Mamie	Middle E	Dye Last	4. DATE OF DEATH	Month 4	Day 24	Year 19 60		
female	white WIDOW		B. DATE OF BIRTH	L903	. 1	UNDER 1 YEAR IF U	Y		
10a. USUAL OCCUPATION during mast af working housewill 13. FATHER'S NAME	life, even if retired)	home	JSTRY 11. BIRTHPLACE (S Virgit 14. MOTHER'S MAID	nia		USA	AT COUNTRY?		
	er Lang			ttie Deaver	S				
(Yes, no. or unknown) (If)	N U. S. ARMED FORCES? 16.		iss Brenda	L. Dye H	Address agersto	wn, Md.			
Conditions, if any, gove rise to imm cause (o), stoting the lying couse lost.	nediate (leno-ca	OF UTE	RUS		6	MOS		
CATIC		CONTRIBUTING TO DEATH BU				PE	AS AUTOPSY RFORMED?		
200. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MI 20c. TIME OF INJURY Hour o. m. p. m.		NJURY OCCURRED 20e. P	PLACE OF INJURY (Home, octory, street, office bldg.	farm, 20f. (City or tov		(County)	(Stote		
21. I certify that saw the deceased 22a. SIGNATURE	/	ded the deceased fram 14, 1960, and that	death accurred at_	M, from the c	causes and c	19.60, that (
22c. PHYSICIAN'S NAME (Type)		RAN M.D.	M.D. PHYS. 22d. ADDRESS 2/5/1,	Washing	TON S	T. HAREK	25/60 STOWI		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 4-27-60	23c. NAME OF CEMETERY (23d. LOCATION (State) Mc		
24, FUNERAL DIRECTOR'S S	SIGNATURE	ADDRESS		REC'D BY REGISTRAR	25b. REGISTRA	AR'S SIGNATURE			

TO HOS E VR A15 (4) 15M 9/59

	miner oracine	THE RESIDENCE	5.0e	
/full place for the				
	inotate all	L week L		
	, 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		inlineon .co	.draw
		ave a	also I	
	ron 12, 1243 Err		est title	efect)
	Virginia	0 0	75.24	
	Tettie Nortes		studioseid	
ill amon	Spenda L. Dra . Means			
14. D				
		TARRES		
	Magazatan i	If the same	(in 18 m)	Labour
	Contract and	Tall division	erseell anion	N Heel IV

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5104

CERTIFICATE OF DEATH

05038

				Keg. Dist. No.	
PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryle	and b. COUN	itution: Residence before admission NTY Washington	n)
b. CITY OR TOWN (If outside corporate limits, write Rural give nearly town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF & Rural	utside corporate limits, writ Hagers	te RURAL and give nearest tawn)	
d. NAME OF HOSPITAL (If not in hospital, give structure or institution Hagerstown Rt.	eet oddress) 5	d. STREET ADDRESS Hagers	town Rt.	e. IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print) Perry	Middle	orcino	4. DATE OF Apri	Month Day Yes	60
3/- 7 - WD- 4 4 -		B. DATE OF BIRTH	9. AGE (In yellast birthda 55	ors IF UNDER 1 YEAR IF UNDER and any) Manths Days Hours Hours	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement mixer	Ob. KIND OF BUSINESS OR INDUS	Italy	or foreign country)	U. S. A.	UNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	and the second second		
Giosia Forci		Elev			
(yes, no, or unknown) (If yes, give war or dates of service)	000 00 (000)	nformant Mrs. Margar	et C. Forc	ino Rt. 5	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost. CAUSE DUE TO (c)	Artario	schroni		Jea	
PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT			PERFORA YES 1	NO D
20c. TIME OF INJURY Month, Day, Year 20c. Hour a. m. Wh	d. INJURY OCCURRED 20e. PL. for wark at work	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
21. I certify that I attended the dece alive on April., 19 ACTUAL SIGNATURE Low D PHYSICIAN'S NAME (Type) Eldon G. Hot	Hoach and	accurred at A	M, fram the causes ADDRESS (Street, city or lo	and on the date stated on the stated on the date stated on the stated of the state	ceased abave. signed
220. BURIAL, CREMATION, BENEVIL (Specify) 4-18-60	22c. NAME OF CEMETERY O	Cemetery	22d. LOCATION (City, tow Hagerst		
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & So	on Hagerstown			EGISTRAR'S SIGNATURE Chilung S. Kraus	

MEASON TO STATISTICAL TO STATISTICAL

destination and bankyon bankyon accommodate 0,4 Percel Reserve on 35 years loved 420 Al lings oniones --- rune: term to interest of the Officers Foreign Sentered Yes W. W. 11 Climin-off and are arened to Borgine It. 5 the second of the second second Company A Line And Company And All Washington, And in mederates to medical Daniel

Scott P. Binitch & 302 Buy emercing Md. on are 150

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

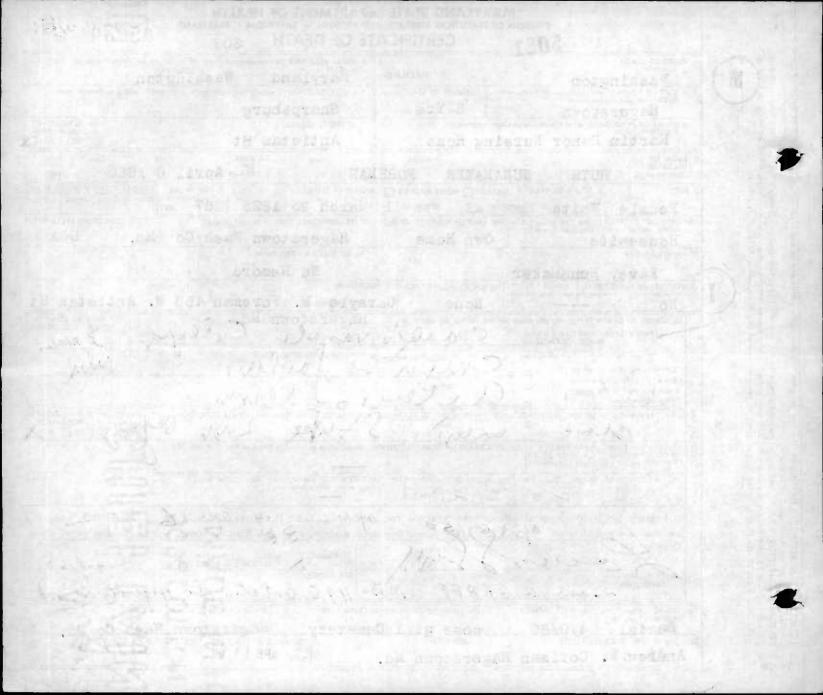
CERTIFICATE OF DEATH

302

5000

05039

			-								-		
	1. PLACE OF DEATH o. COUNTY Washin	gton		MAR	YLAND	a. STATE	DENCE (Wh		d lived. If institution is country tashing		e befa	re admissi	ian)
	b. CITY OR TOWN (I RURAL and give n	If autside corporate limi	its, write	c. LENGTH OF STAY	' IN 16	c. CITY OR	TOWN (If a	utside carpo	rate limits, write R	URAL and g	ive neo	rest town)
		stown		3 Yrs	- 1	X Sha	rpsb	urg					
	d. NAME OF HOSPIT	AL (If not in haspital, g				d. STREET						e. IS RESI	DENCE FARM?
)	Martin	Manor Nu	rsir	ng Home		Ant	ieta	m St				YES 🗌	NO DE
	3. NAME OF DECEASED (Type or print)	RUTH N		Middle F	ORE	IAN Lo	t	4. DATE OF DEATH	April 6	196	Do	<i>'</i>	rear
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 8	DATE OF BIRT	Н		9. AGE (In years	IF UNDER		7	
	Female	White	WIDOWE	DIVORCE	D 🔲	March	23 1	893	67 yrs.	Months	Doys	Hours	Min.
1	10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHP	ACE (State	ar fareign c	auntry)	12. CITI	ZENOF	WHATC	OUNTRY?
	Housewi		' C)wn Home		Hage	rsto	wn Wa	ish Co t	Md.		US	A
	13. FATHER'S NAME		CTT.			14. MOTHER'S	MAIDEN N	IAME			10		
	Eavey	Nunamake	er			1	o Re	Bord					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INI	ORMANT			Add				
•	No			None	Car	eyle	M. F	orem	in 453 V	V. Ar	tie	tan	St
1	The state of the s	ATH [Enter anly one co	use per lir	ne far (a), (b), and (c)	1.	Hagers	town	Md	200.			RVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Con	101	MOUN	My		week.	*		W	2
	422	. DUE TO	-	0	1.5	. 1	- 10	1.	U	,	۸.	1	,
		Conditions, if any, which gave rise to immediate (b)											
	cause (a), stating		(i po	1		0 0	الم الم				,	
	lying cause last.) (c				No of			6			0 11/10	LIP O DCV
	PART II. OTI	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT	DE RELATED	THE TERMI	NALDISEAS	E CONDITION CI	EN IN PAR	1 (a) 1	PERFO	RMED?
	S ACCIDENT W	COLUMNIA E	201 DEC	CRIBE HOW INJURY C	CCURRED	(5)		Past Las Pas	All of item 18)	10	-	YES	ио Д
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY C	CCURRED	. (chier nature t	ir injury in i	roff i of For	r ii di iieni ib.;	0			
	Hour a.m.	Y Month, Day, Ye	ar 20d. 11 While at war	NURY OCCURRED Nat while of work	20e. PLA foct	CE OF INJURY ory, street, affic	Hame, farm e bldg., etc.	, 20f. (City	ar town)		aunty)		(State)
		. (1) (4) 1 . 1				10.1.	10	21 . 1	a la la	10/	A .I	. (1) (
	saw the decea	at (1) (this haspital	dirend	60					1			-	we) last
	22a. SIGNATURE	sed drive dri	- The	- dno	inai ae	eath accurre	0 013-0	W, Iram	the causes an	a an ine	date		DATE
	7	acus	/	I took	1	ATTENDIN	G MI	ED.	STAFF PHYS.		. ,,	8.1	SIGNED
	24 PHYSICIAN'S		- 6		1	22d. ADDR		KECTOR L		92-13	-7	-0-0	
	NAME (Type)	-ouis G	-,61	RAFF	m.D	. 1198	· Ovi	tietar	wSt. H	rglis	ton	w.)	vd:
	23a. BURIAL, CREMATIC	N, 23b. DATE THEREC)F	23c. NAME OF CEM	METERY OR	CREMATORY		23d. LOCA	TION (City, town,	or(county)		(State	e)
	REMOVAL (Specify)	4/9/60		pose Hi	1 C	emeter	7	Hage:	rstown	Wash	Co	Md	
	24. FUNERAL DIRECTOR			ADDRESS			250. REC'	D BY REGIST	TRAR 25b. REGI	STRAR'S SIG			
	Andrew K	. Coffman	n Ha	gerstown	Md.		DATE A	PR 1 1	'60 C	Inthun S	. / 1/4		



please execrematian may pages age Give PM3. Office 00 Medical Page 3 sh Ned to the Chief A FUNERAL 0

VS. A15ME(5)

5M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND Mashington rvland b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hr Maugansville Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Greencastle Pike North Ave YES NOT NAME OF Middle 4. DATE Month Year DECEASED (Type or print) SEL VA FOSTER Sr DEATH April 1960 CHARLES 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Hours Male Whi te WIDOWEDLY DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fulton Co USA Fairchild Corp Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Truax Thornton Foster 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address S. Foster Jr Hagerstown R # Charles -12-7620 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while o. m. of work of work p. m 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection A Inquiry . Accident , Suicide , Hamicide , Undetermined cause . death resulted from: Natural couses ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burial alley U.B. Cemetery New Granada Fulton Co 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Andrew K. Coffman Hagerstown Md. DATAPR 1 8 '60 arthur & Henry

THE REPORT OF THE PROPERTY OF the second of The various of the state of the state of successions and the state of Denot the name of the last seek as a second of CONTRACTOR SAFERS AND ADDRESS OF THE SECOND AND STORES AND AND ADDRESS OF THE PARTY OF T

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05041

0 -	CERTIFICATE	OF DEATH

1.	a. COUNTY			MAI	RYLAND	2. USUAL RESI	IDENCE (Wh	nere deceased li	ved. If institution b. COUNTY	in: Residence	befare adm	ission)
H		Washingto outside corporate limi					rylan		11 1. 1. 1. 11		hing	
	RURAL and give ne	arest tawn)	is, write	c. LENGTH OF STA	Y IN ID	c. CITT OK	IOWN (IF C	outside corporate	limits, write K	JKAL and give	nearest ta	wn)
	Hancoc	212 44		Life		XHanco	ock M	arylan	d			
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street o	oddress)		d. STREET	ADDRESS				e. IS R	ESIDENCE A FARM?
		Home				Fairy	riew	Drive				NOTE
3.	NAME OF	Fir	st	Midd	le	la		4. DATE	Man	th	Day	Yeor
-	DECEASED (Type or print)	Mar	gare	t Gr	aves	Franc	110	OF DEATH	1,		23	19 60
5.	SEX	6. COLOR OR RACE	-			DATE OF BIRT		9.	AGE (In years	IF UNDER 1 Y	EAR IF UN	
	WF	Black	WIDOWE	D DIVORG	ED 🗆	7-2-18	383	7	last birthday) yrs.	Manths Do	1 Hour	rs Min.
10	. USUAL OCCUPATIO	N (Give kind of wark o	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (State	ar Croin nt	Later I	12. CITIZE	N OF WHAT	T COUNTRY?
	House	ing ine, even it terrice		Housew:				on Mar	V	TI	S.A	
13	FATHER'S NAME					14. MOTHER'S			7 4 6114		ANAG	•
	Wesl	ey Brumba	ck			Eliz	zabet	h Long				
15 /Y		R IN U. S. ARMED FOR		SOCIAL SECURITY N	17. IN	FORMANT			Addr	ess		
,,	No	ir yes, give war or dates or s	er vice;	None	I	homas	A Fr	ancis	Hancoc	k Md.		
	18. CAUSE OF DEA	TH [Enter anly one co	use per lin	e far (a) (b) and (c	:).]	· m			hans.	1	INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	,	1 hrs	no	ce /n	40	MARI	Tilles	1	ONSET AN	ID DEATH
	733 1	IMMEDIATE CAUSE (o	1		-		6	1 0-		_	2.	
	Canditions, if a			- (UL	111	(1)	DAO	010	111	TE with	21	110
	gave rise to in	nmediate	,	1	1		1	100				
	couse (a), stating the under DUE TO Landro Vale disease											
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE C	ONDITION GIV	EN IN PART 1	(a) 19. WA	S AUTOPSY
ICATION						1						FORMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter natur	of injury in	Part 1 or Port 11	af item 18.)			
18	20c. TIME OF INJUR	Y Manth, Day, Yes	or 20d. IN	NJURY OCCURRED	20e. PLA	CE OF JANURY	(Hame, farm	n, 20f. (City ar	town)	(Cau	inty)	(State)
MEDICA	Haur a.m.	19	While at wark	Nat while	foct	tary, street, affic	ce bldg., etc	-)		,		
≥	p. m.		ul war	C G WORK G		1111	1:7.70	100 /	11/12 7	3/	A	
	21. I certify tha	t (I) (this haspital) attend	ed the decease	d fram	UMM	4 19	to La	1116	2, 19100	? that (I)	(we) last
	saw the deceas	ed alive an	12/1	6/39/10 an	d that de	eath occurre	d/6020	M, fram th	e causes an	d an the c	late state	ed abave.
U	22a. SIGNATURE	1/4ns	11	/	,)	ATTENDIN	10 -14		CTAFF		1	22b. DATE SIGNED
		4/1/	4/1	apx	21 N	A.D. PHYS.		ED. IRECTOR	STAFF PHYS.		4/2	-7/60
	22c. PHYSICIAN'S NAME (Type)	AFFER -	Ha	weer	K	22d. ADDI	RESS	1d.				11
23	a. BURIAL, CREMATIO	N, 23b. DATE THEREC	F	23c. NAME OF CE	METERY OF	CREMATORY		23d. LOCATIO	N (City, tawn, c	ar county)	(S	tate)
	REMOVAL (Specify)	4.27.6	0	Rivervi	A *** A				ck Was			
24	FUNERAL DIRECTOR		<u> </u>	ADDRESS	CW C	emeter	Y25a, RFC'	D BY REGISTRA		STRAR'S SIGN		1.
1	HOU THE	2 X sun	0	Homes	20	mol	DATE AF	PR 29'60		thun S. +		

Bankyr seconds grant on seconds Telephone School Standard Concount St.

F. Minnich & Son

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05042 CEDTIEICATE OF DEATH

		21	UO	CLKIIII	CAI	L OI DLA			Reg. Dis	it. No.		
1.	PLACE OF DEATH	ngton		MARYLAN		USUAL RESIDENCE (Where decease and	ed lived. If instituti b. COUNTY	on: Residence Wash	ing	t on	ion)
	Sharps		its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corpo		URAL ond g	jive ned	rest town	1)
	or INSTITUTE	E. Main S	give street St	oddress)	1	d. STREET ADDRESS		St.				FARM?
	NAME OF DECEASED (Type or print)	Vena	rst	Middle Lee		Furry	4. DATE OF DEATH	Mon		Do 2		Year 19 60
5.	Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED	_	arch 22,	1868	9. AGE (In years lost birthdoy) 92 yrs.	IF UNDER Months	1 YEAR Days	Hours Hours	Min.
10a	during most of work House	king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	Funkst		country)	12. CITI	ZEN OF	WHATC	OUNTRY
13.	FATHER'S NAME	lliam Fur	2027		1	4. MOTHER'S MAIDER		lo Corr				
		R IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	Lla R	le Coy	ress		Λij	35
7	PART I. DEA A 2 Conditions, if o gove rise to i couse (a), stating lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO ny, which mmediate the under: DUE TO)	ne for (o), (b), ond (c).]	ler	otie A	leav	1		ONS	RVAL BE ET AND	DEATH
CERTIFICATION				CONTRIBUTING TO DEATH					EN IN PART	[1(o)] 1	PERFO	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	Enter noture of injury	in Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Doy, Ye	20d. I While of wor	Not while		OF INJURY (Home, for, street, office bldg.,		y or town)	(0	County)		(Stote)
	ACTUAL SIGNATURE	O. W. a	Pell	ed fram Ausselland and that de	-	5, 1960, ta_ccurred at 6 A	M, fram		d an the			
220	BURIAL, CREMATIO REMOVAL (Specify)	1 1 1 -		22c. NAME OF CEMETER	-			nesboro		wi _	(Stot	le)
23.	FUNERAL DIRECTOR	4-4-60 s signature		Rose Hil	1 0	emetery 24a. RI	EC'D BY REGIS	RAR 246, REGI	OWN STRAR'S SIC	NATU	RE	
S	cott F.	Minnich	& S	on Hagara	t own	DATE !	APR 5 '	60 a	Thun 8.	Krace	A	

Hagerstown Md.

DATE APR 5

	individe.			
			withington	
	Shirpshur	ecsey SI	Singer 12	
	1281 % Polo		128 mlah .E 851	
e S Litro 4	W. W.	904	Venav	
92	80'51 (31 He'ta)		eiams	8
	Funkatown 2		House Werk	
700 to	Amon's a		menou modellio	
		ramately per for		
	The second second	interests.		
nemboro Mt.			nay of present they	
les bi nestrana	ggo famal	Rose Till	DO-A-A Infrar	
a trouble in	Established to	on Hagaran	a a doingni . T gas	36

a. C	ACE OF DEATH COUNTY Was	hington		MARYLAN	C CTATE	here deceased lived. If institution b. COUNTY	Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Lat 24 Broadway			c. LENGTH OF STAY IN 1	03	autside carporate limits, write RUR CStoWN	RAL and give nearest tawn)	
				d. STREET ADDRESS 24 Broadwa	ay	e. IS RESIDEN ON A FARI YES NO	
DEC	AME OF CEASED (pe ar print)	PROBERT	rst	WOODFORD	GRADY	4. DATE Month OF April	29 1960
ma]		6. COLOR OR RACE white	7. MARE	RIED TO NEVER MARRIED TO DIVORCED	N. # 7800	1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 Manths Days Hours M
d	USUAL OCCUPATIO during most of work Salesman	N (Give kind of wark ing life, even if retired)	KIND OF BUSINESS OR IN Lectrical Who	DUSTRY 11. BIRTHPLACE (Store lesaler Golds)	or foreign country) boro, N. Carolir	12. CITIZEN OF WHAT COUN
3. FA	THER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Henry	G. Grady			Cla	audia E. Perkins	5
		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 12	, INFORMANT	Addres	55
no		To the foreign for the fact of		77-05-6366	Mrs. Opal Grad	y Hagerstown,	Maryland
-							
18		TH WAS CAUSED BY:	0	ne far (a), (b), and (c).]	and water Link	Singer	ONSET AND DEA
4	PART I. DEA' 420 Canditians, if ar gove rise ta in cause (a), stating t	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which (b) Immediate (DUE TO		0 -	industitud	Sisien	INTERVAL BETWEE
4	PART I. DEAT Canditians, if ar gove rise to in cause (a), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Ty, which nimediate the under- (c)	9)	many askin		MINAL DISEASE CONDITION GIVEN	ONSET AND DEA
SON II- 6 2	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Ty, which nimediate the under- (c)	o) Co	CONTRIBUTING TO DEATH		MINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTO
L CERTIFICATION	PART I. DEA Canditians, if ar gove rise to in cause (a), stating t lying cause last. PART II. OTH CALLED TO THE OB. ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO TY, which In mediate The under: CER SIGNIFICANT CON SUNDERLYING THE JUDGE OF DEATH	20b. DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED 200.	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN Part I ar Port II af item 18.) m. 20f. (City ar tawn)	N IN PART 1(a) 19. WAS AUTO
MEDICAL CERTIFICATION S = 0	PART I. DEA' Canditians, if ar gove rise ta ir cause (a), stating t lying cause last. PART II. OTH PART II. OTH On. ACCIDENT WA OR CONTRIBUTING OF EITHER, NOTIFY Haur a. m. p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of Ty, which In mediate The under: The und	20b. DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Nat while at wark	BUT NOT RELATED TO THE TERM TO THE TERM RRED. (Enter nature af injury in PLACE OF INJURY (Hame, fart factary, street, affice bldg., et	Part I ar Port II af item 18.) m. 20f. (City ar tawn)	N IN PART 1(a) 19. WAS AUTO PERFORMEL YES NO
MEDICAL CERTIFICATION 31 30 31 32 32 33 34 35 36 37 37 38 38 38 38 38 38 38 38	PART I. DEA' Canditians, if ar gove rise ta ir cause (a), stating t lying cause last. PART II. OTH PART II. OTH On. ACCIDENT WA OR CONTRIBUTING OF EITHER, NOTIFY Haur a. m. p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Iny, which In mediate The under- ER SIGNIFICANT CON SUMPERLYING AUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye 19	20b. DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while at work ded the deceased fro	BUT NOT RELATED TO THE TERM TO STATE THE TERM THE TERM TO THE TERM PLACE OF INJURY (Home, form factory, street, affice bldg., etc.)	Part I ar Port II af item 18.) m. 20f. (City ar tawn)	ONSET AND DEA 7 9 N IN PART 1(a) 19. WAS AUTO PERFORMER YES NO (County) (S
MEDICAL CERTIFICATION 51 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PART I. DEA' Canditians, if ar gove rise to in cause (a), stating t lying cause lost. PART II. OTH Oa. ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY Hour a.m. p.m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Iny, which In mediate The under- ER SIGNIFICANT CON SUMPERLYING AUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye 19	20b. DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while at work ded the deceased fro	PLACE OF INJURY (Hame, fare factory, street, affice bldg., etc.) ATTENDING	Part I ar Port II af item 18.) m. 20f. (City ar tawn)	ONSET AND DEA 7 9 N IN PART 1(a) 19. WAS AUTO PERFORMER YES NO (County) (S
MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO SEE THE SEE T	PART I. DEA' Canditians, if ar gove rise ta in cause (a), stating t lying cause last. PART II. OTH Oa. ACCIDENT WA OR CONTRIBUTING FEITHER, NOTIFY Haur a. m. p. m. 11. I certify tha caw the deceas	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Iny, which In mediate The under- ER SIGNIFICANT CON SUMPERLYING AUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye 19	20b. DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while at work ded the deceased fro	PLACE OF INJURY (Hame, fare factory, street, affice bldg., etc.) ATTENDING	Part I ar Port II af item 18.) m. 20f. (City ar tawn) c.) ta #-29M, fram the causes and	ONSET AND DEA PURCHAS N IN PART 1(a) 19. WAS AUTO PERFORMEL YES NO (Caunty) (S That (I) (we) an the date stated above 27b. DA
WEDICAL ON (III 20) 222 22 22 22 22 22 22 22 22 22 22 22 2	PART I. DEA' Canditians, if ar gove rise ta in cause (a), stating t lying cause last. PART II. OTH PART II. OTH Oa. ACCIDENT WA OR CONTRIBUTING OF CONTRI	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Iny, which In mediate The under- ER SIGNIFICANT CON SUMPERLYING AUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye 19	DITTIONS OF While at war	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while at work ded the deceased fro	PLACE OF INJURY (Hame, farr factory, street, affice bldg., et death accurred at 2. M.D. ATTENDING M.D. PHYS. D. 22d. ADDRESS	Part I ar Port II af item 18.) m. 20f. (City ar tawn) c.) ta #-29M, fram the causes and	ONSET AND DEA 7 YOURS N IN PART 1(a) 19. WAS AUTO PERFORMER YES NO (Caunty) (S 27b. DA SIG

may be fined by the haspital at attending physician.

TO FUNER, L. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health priar to burial, cremation, at removal, and in any event, within 72 moves ofter death. TO HOSPI VR A1S (4) 1SM 9/S9

s after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

the attending physician and campletely filled Taby the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with

Comon alikain terstature harant Pejer bleady, Enguer, Supte militure Laten Welly DALTEN M WELTY 988 Potoma Cor. Herestery May

VS. A15ME(5) 5M 9/55

6

M

MA	ARYLAND ST.	ATE DEPART	MENT OF	HEALTH-	-BAL	TIMO
5107	MEDICAL	EXAMINE	R'S CERT	TIFICATE	OF	DEA

AND STATE DEPARTMENT OF HEALTH—BALTIMOR	DE 13 "
DICAL EXAMINER'S CERTIFICATE OF DEAT	H 050 2 Reg, Dist, No.

OFATH OPER 1999 OF PINITED OPER 1999 OF PINITED OPER 1990 OF PINITED OPE				
b. CITY OR TOWN Includes compared some with a BURAL ord give necessary leading to the compared thank compared thank compared thank per stown A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) A. HAMSE OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) B. DATE OF BIRTH WILLIAMS OF HOSTAL OR INSTITUTION (if not in hospitol, give sirrest oddress) B. DATE OF BIRTH WILLIAMS OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) B. DATE OF BIRTH WILLIAMS OF HOSTALL OR INSTITUTION (if not in hospitol, give sirrest oddress) B. DATE OF BIRTH B. WAS DECARSO EVER NO. S. ASHADO FORCESS (in CONTRESS) B. SALE OF BIRTH (ISSUED RIVE AND INSTITUTION (ISSUED RIVER) B. MODIES SALEDEN NAME CAPOLITICAL SALED RIVER AND INSTITUTION (ISSUED RIVER) B. MODIES SALEDEN NAME CAPOLITICAL SALED RIVER AND INSTITUTION (ISSUED RIVER) B. MODIES SALEDEN NAME CAPOLITICAL SALED RIVER AND INSTITUTION (ISSUED RIVER) B. MODIES SALEDEN NAME CAPOLITICAL SALED RIVER AND INSTITUTION (ISSUED RIVER) B. DATE SIGNED B. A. SEET ADDRESS A. SECT BY BARL AND INSTITUTION (ISSUED RIVER) B. A. SECT BY BARL AND INSTITUTION (ISSUED RIVER) B. A. SECT BY BARL AND INSTITUTION (ISSUED RIVER) B. A. SECT BY BARL AND INSTITUTION (ISSUED RIVER) B. A. SECT BY BARL AND INSTITUTION (ISSUED RIVER	a COLINTY			
A. NAME OF HOSPITAL OE INSTITUTION (If no I in hospital, gives street address) A. STREET ADDRESS No. TO STREET ADDRESS	and give nearest town)		outside corporate limits, write RURAL o	
OBCEASED (Type or print) Alfred Gordon Graff Graft Stan April 1960 S. SEX Male (COLOR OR RACE 7. MARBIED NEVER MABBIED B. DATE OF BIRTH WINDOWED DIVORCED NOV. 11, 895 S. MORE (I. Prince) IF UNDER YEAR IF UNDER 22 HRS. Morth Dors. Min. Only Morth Only O	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str			ON A FARM?
Male White widowed Divorced Nov. 11, 1895 64 yrs. Months Doys Hours Min. 10s. USLAL OCCUPATION (Give kind of work done) Contractor 13. FATHER'S NAME William H. Graff 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. ADMINISTRATIC COUNTRY OCCUPATION, ATHEROSCLEROTIC 18. CAUSE OF DEATH [Enier only one course per line for (o), (b), and (c).] PART II. DEATH WAS CAUSED BY: U. S. A. CORONARY OCCUUSION, ATHEROSCLEROTIC OUT TINS TATHER OF WHAT COUNTRY OCCURRED (o), stoling the underlying of the	DECEASED			
13. FATHER'S NAME NAME William H. Graff Caroline Zinn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address William H. Graff S&4169202 Mrs. Adela M. Graff Hag. Rt. 1	Wole White		last birthday) Months	
William H. Graff Caroline Zinn	Contractor House I	Building Stratford	l Canada	
15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 284-16-9202 Mrs. Adela M. Graff Hag. Rt. 1 18. CAUSE OF DEATH Enter only one couse par line for (o). (b). and (c). 284-16-9202 Mrs. Adela M. Graff Hag. Rt. 1 18. CAUSE OF DEATH Enter only one couse par line for (o). (b). and (c). 284-16-9202 Mrs. Adela M. Graff Hag. Rt. 1 18. CAUSE OF DEATH Enter only one couse par line for (o). (b). and (c). 284-16-9202 Mrs. Adela M. Graff Hag. Rt. 1 18. CAUSE OF DEATH Enter only one couse par line for (o). (b). and (c). 200. ATHEROSCLEROTIC 200. ONEST AND DEATH Instant 200. OUT 200				
PART I. DEATH WAS CAUSED BY: MMODIATE CAUSE (a)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [(If yes, give wor or doles of service)	URITY NO. 17. INFORMANT	Address	t. 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS CAUSE OF DEATH. 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED of While at work of the other of the other of the part 1 or Port II of item 18.) 21. I certify that I took charge of the remains described above, held an Autopsy III. Inspection III. Inquiry III. and find that death resulted from: Natural causes III. Accident III. Suicide III. Homicide III. Undetermined cause III. ACTUAL SIGNATURE 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, Iown, or county) 12d. LOCATION (City, Iown, or county) 12d. ERGISTRAR'S SIGNATURE 22b. PLACE OF BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO THET VENT	OCCLUSION, ATHEROSCLI		Instant
20c. TIME OF INJURY Month, Day, Year Hour a, m. 19 20d. INJURY OCCURRED While at work 19 20d. INJURY (Home, form, factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE				PERFORMED?
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE		URRED 20e. PLACE OF INJURY (Home, form factory, street, office bldg., etc.	1, 20f. (City or town) (C	County) (Stole)
SIGNATURE SIGNATURE	death resulted from: Natural causes , Accid			
Burial 4-6-60 Rose Hill Cemetery Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	SIGNATURE EXAMINER'S	ASSISTANT MEDICA	AL EXAMINER	
20. Total and a second a second and a second a second and	Burial 4-6-60 Rose	e Hill Cemetery	Hagerstown 1	Md.
	20. Total British British			

A11 1210 pu5	CERTIFICATE OF DEATH		
			10-14-20-00
Jims and draw	The second second		more this or
	PUBLICATION AND A STATE OF THE PUBLISHED		Partel Magareton
	L edpoid		adter by this
	2704 1000	And Hobbon D	Marks View
	ov. 1., 1895 of a		elan elan
	Stretford Others	antalina espain	no to enture
	mess emborate		
	ant Theo . I block in		
matent		n til Dudding	
		- Select Mary 152	
	The many of the Arministration of the Armini		
	Darw Salah		
06/334	Market and constitution		. N. 10 T. 10 T. 10 P. 10
	e e principal de la company	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
		TOTAL STATES	and the state of t

VS. A15ME(5)

MARYLAND	STATE	DEPARTMEN	IT OF HEALTH-	BALTIMORE, 18
MEDIC	AI FY	A MINED'S	CEPTIFICATE	OF DEATH

5034 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05 45 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery					
b. CITY OR TOWN III outside corporate limits, write RURAL end give nearest lown Hagerstown, Md.	c. LENGTH OF STAY IN 16 4 months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton 1537. 2					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
Western Md. Chronic Disea	se Hosp.	2913 Kin	gswell Dr.		YES NO		
3. NAME OF First (Type or print) Dale Fr	Middle ederick Gr	Losi aham	4. DATE OF DEATH	Month 24	Day Year		
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWEL		7/6/14 5/6	/1914 9. AGE (In less birthd 45		YEAR IF UNDER 24 HRS. Hours Min.		
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi/driver Cartographe		Maryland	or foreign country)		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N					
Charles Graham		Bessie E	. Fisher				
[Yes, no, or unknown] (If yes, nive war or dates of service)		FORMANT lication for	The second second second	Address -Western M	Id. Hosp.		
18. CAUSE OF DEATH [Enter only one cause per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Lob	for (o), (b), ond (c).] ular pneumonia	- lower lobe	es bilatera	1	interval between onset and death 1 week		
		OT RELATED TO THE TERMI	NALDISEASE CONDITIO	ON GIVEN IN PART	PERFORMED?		
Penetrating gunshot wo					YES NO		
CAUSE OF DEATH. Penet	HOW INJURY OCCURRED. (Extra gunshot	wound of hea	ad - self i		4		
20c. TIME OF INJURY Month, Day, Year 20d. II While 3:00 P.TM 8-2 1959	NJURY OCCURRED 20e. PLAC rk ot work HO	ry, street, office bldg., etc.)		Montgomer			
21. I certify that I took charge of the r	emains described above	re, held on Autopsy	, Inspection	n , Inquiry	, ond find that		
death resulted from: Natural causes], Accident [], Suic	ide 💢, Homicide	, Undetermi	ned couse .			
SIGNATURE CONCRETE (1)	MOTH	M.D. CHIEF MEDICAL EX	AMINER 🗌		DATE SIGNED		
EXAMINER'S Edward W. Ditto,	III, M. D.	ASSISTANT MEDICAL E	L EXAMINER		4/25/60		
220. BURIAL, CREMATION, 226. DATE THEREOF, REMOVALISPENDY) 25/60 23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OR IN OS HUNG TONE ADDRESS	National	22d. LOCATION (City. THE CENTER 24b BY REGISTRAR 24b	town, or county	esty Mieryken		
J. arthur Walters 2	54 Carroll SI	nuli de	VPR 2 7 '60	arilun S	. Krown		

I HOSPING FIRE the part of the state of the second of the second 11/1/1 911 11/11/1 voltaci . I desable AN ACTION OF THE AMERICAN PLANTS OF THE ACTION OF THE STATE OF THE STA And the second of the second o CHAIR SECTION STORES AND APPROXIMATION OF THE APPRO The street will be sent to the street of Mission recognition in the Section of Section 1997 and the Section of Section 1997 and the Se Market Brook M. Litte, III, F. Laure Contract Contract

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 50% MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05046

Reg. Dist. No.

	PLACE OF DEATH G. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	Was	hington		MARYLA	ND	o. STATE Maryland b. COUNTY Washington							
1	b. CITY OR TOWN (If ond give negres) town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OF	TOWN (IF	outside cor	porote limits, wr	ite RURAL o	nd give r	egrest to	wn)
	Hagerstow			23 years		0.5 Hagerstown							
-			If not in hos	pital, give street address)		d. STREET						e. IS R	ESIDENCE
	933 Summit Ave.					93	3 Summ	it Av	re,				A FARM?
	3. NAME OF DECEASED (Type or print)	TAWRE		MILKENSO	N	GUI	LLARD	4. DATE OF DEATH	April	onth	Doy 15		9 60
1	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	3.	DATE OF BIRTH	1		9. AGE (In years	IF UNDE	R TYEAR	IF UND	ER 24 HRS.
	male	white	WIDOWE	DIVORCED [D	ecember	r 21,	1897	fost birthday) 62 yr	Months	Days	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INC	DUSTR	Y 11. BIRTHPL	ACE (Stote o	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?
1	Car Rep		se.			Well	s Tann	ery,	Pa.		U.S	.A.	
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
	Pet	er M. Guil	lard			Dr	usilla	?					
	15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1	7. IN	FORMANT			Addr				
1	no				Les	ster L.	Guill	argi	Hage	erstown	n, Ma	aryla	and
	Conditions, if an gove rise to immed (o), stoling the u couse last.	nderlying DUE TO		INTRIBUTING TO DEATH B	UT NO	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION (GIVEN IN PA	RT 1(o) 1		nt-
- 1	PART II. OTH 20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR	ITRIBUTING []		HOW INJURY OCCURRED 1006.		ter nature of in			of item 18.)	(C	ounty)		(Stote)
	20c. TIME OF INJUR Hour o. m. p. m.	19	While of wo			y, street, office							
	21. I certify th	21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection I Inquiry , and find that											
4	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	From: Natural SWA	causes E	Accident [],	Suici	ASSISTA	Iamicide MEDICAL EXA NT MEDICAL MEDICAL EX	MINER [R 🗆	cause [16/	DATE S	SIGNED
F	220. BURIAL, CREMATION			22c. NAME OF CEMETERY	OR C	REMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stot	e)
	REMOVAL (Specify) Burial	4/18/196	0	Rose Hill C	em	eterv		Hage	rstown.		M	aryl	and
	Suter-Rouze	S SIGNATURE	Home	ADDRESS	-0.5		24a. REC'D			GISTRAR'S S	IGNATU	RE	
	R. Frankly	nergen	Home	Hagerstown,	Ma:	ryland	DATE AD	820'	60	Challang 1	Kra	ud	

THE AMERICAL EXAMINER'S CERTIFICATE OF BEATH JUST MANUAL RESERVE ment of the LTD vibrations property in appearing that make up the suprement was present the cultivation. CARGODIC PROCESS TO SELECT STREET, STR the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH 5025 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05047

1. PLACE O o. COUN		MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	h COUNTY -	rederick
_RURAL	OR TOWN (If outside corporate limits, write and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		ond give nearest town)
d. NAME West	OF HOSPITAL (If not in hospital, give stre STITUTION Maryland State	et address) Hospital	d. STREET ADDRESS Near Freder	ick	e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	DHIPEDT	KENT	HARMON 4. DATE OF DEATH	H APRIL	Day Year 7 1960
s. sex	TETL AL	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 18 Nov 1912	4 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
during (OCCUPATION (Give kind of work dane 10 most of working life, even if retired)	Dairy Farm	ISTRY 11. BIRTHPLACE (State or foreign Nebo, Va.	country) 1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S Rus	S NAME Sh F. Harmon		14. MOTHER'S MAIDEN NAME Ada Paxton		
15. WAS DE	CEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		nformant 's. Julia E. Harmon	Address (Same as i	tem #2)
Condi gave cause lying	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b) DUE TO COUSE lost: (c) PART II. OTHER SIGNIFICANT CONDITION	Progressive mo	I NOT RELATED TO THE TERMINAL DISEA	hy	PERFORMED?
20g. AC OR CON (IF EITH	CCIDENT WAS UNDERLYING 20b. C NTRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Po	ort II of item 18.)	YES NO
	our o.m. Wh	t.	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	ity or town)	(County) (State)
21. I c o saw th 22o. Sto 22c. PH'	ertify that (1) (this hospital) attended deceased alive on General BONATURE GEORGE BORGETT CONTROLLED TO THE CONTROLLED	7 1960, and that ercu FE BEREU	M.D. ATTENDING MED. DIRECTOR DI	STAFF. LYAHIA AVE.	april 7, 199 HAGERSTOWN, MI
Burry	CREMATION, 23b. DATE THEREOF 4-11-60	Frederick Men	norial Park Fred	ATION (City, town, or co lerick, Mary	land
24. FUNERAL M. F	R. Etchison & Son, I	rederick, Mary	Land DATE APR 1 1 2		R'S SIGNATURE

's after death. Page 4 TO HOSPILAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 paurs after death. Page 4 may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may be funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed may the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours death. VR A1S (4) 1SM 9/S9

Marian and the state of the sta (Crest on on B) acquire. Letter will be und by Jacob and the lamb, Subsequent a State Robert Net switch to tell-it A. J. E. and Later School, Percentiles, August 1975. pup

physician 200

attending please

> p m.

gned

been sig ond

has

certificate

per

burial-transit physician

detached

pe prior

P 3 shaul

DIRECTOR:

remayal,

certificate

death

pau

remave

within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5087

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY WASHINGTON O. STATE MARYLAND b. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN) HAGERSTOWN YRS. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 266 HAGER ST. HOSPITAL. COUNTY YES NO NAME OF Middle 4. DATE Last Month Day Yeor DECEASED HARTLE APRII. CHESTER WILLIAM 19 60 DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bigthday) Months Days Hours 8/11/1889 WHITE DIVORCED | MALE WIDOWED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. OPERATOR PLAN MARYLAND RETTRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLINTON HARTLE MASTE SCHILDINECHI INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. yes, give war or dates of service! HARTLE MD. 214-09-69 MRS. BEULAH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: muldiake IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the under-Enocknows lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES . NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1960that I last saw the deceased 21. I certify that, I attended the deceased from 930PM, from the causes and on the date stated above. alive on and that death occurred at ADDRESS (Street, city or town DATE SIGNED ACTUAL SIGNATURE & PHYSICIAN'S Philip J. Hirshman. M.D. 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) BEMOVAL (Specify) 4/29/60 HAGERSTOWN RES 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR arthur S. Krous

DATE MAY 2

TO FUNER page VS A15 (4) 15M 9/58

THE RESERVE OF THE PROPERTY OF THE PARTY OF As a Entre solution of the

MARYLAND STATE DEPARTMENT OF HEALTH

EDDO

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

05060

100	3000	CERTIFICA	IE OF DEATH		V. 0 0 2 .7		
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution b. COUNTY	errett		
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give pearest town) Hagerstown	5 weeks		side corporote limits, write RU	RAL and give nearest town) 11X-2		
091	d. NAME OF HOSPITAL (If not in hospital, give stre Western Maryland Sta	et address) te Hospital	d. STREET ADDRESS Star Rout	e	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) WILLIAM	Middle	HARVEY	OF DEATH APRIL	16 1960		
	Male White WIDO	WED DIVORCED S	ept. 27, 187	71 88 birthday) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if griced) Laborer, Coal mines	Farm, Etc.	Maryland.		U.S.A.		
1	James W. Harvey		Elizabeth				
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		• William Ha	rvey Kitzm	iller, Md.		
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a). (b). ond (c).] OBULAR PNEUMO	NIA LOWERLOB	ES BYLATERAI	INTERVAL BETWEEN ONSET AND DEATH		
dudyor, and	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.	PRCINOMA OF F	PROSTATE WITH	H METASTAS,	ES 10 YRS		
A dingin	PART II. OTHER SIGNIFICANT CONDITION SQUAMOUS CELL			al disease condition give	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
200	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Pa	rt I or Part II of item 1B.)			
	Hour a.m. Wh	1-	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stole)		
	21. I certify that (1) (this hospital) attended the deceased from MIRR. 11, 1960, to APRIL 16, 1960, that (1) (we) last saw the deceased alive on APRIL 16, 1960, and that death occurred of 405%, from the causes and on the date stated above.						
	220. SIGNATURE Glorge B	eren		CTOR STAFF	4/16/60 SIGNED		
e pod	22c. PHYSICIAN'S DR-GEORG	FE BERCU	1500 PENNS	ILVANIA AVE, H	AGERSTOWN, MD.		
Dic out	Burial, Cremation, 23b. Date Thereof 4/18/1960	Deer Park (Deer Park,	Md.		
90	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / N		- 4 0 100	TRAR'S SIGNATURE		

TO HOSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be kined by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with VR A1S (4) 1SM 9/59

Jenos . derrey

SS. IVGI .TG .deed

Lacones, Cont mile. Berm. No. . Symbol . . .

and confidential gavens sufficiency

The second of th

SOUTH THE RESERVE THE WAR THE TREATS OF THE TANKS OF THE TREATS OF THE T

MARK BE BURNING AND LABOR BURNEY

the carried world considered street read to be the carried

s after death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5089

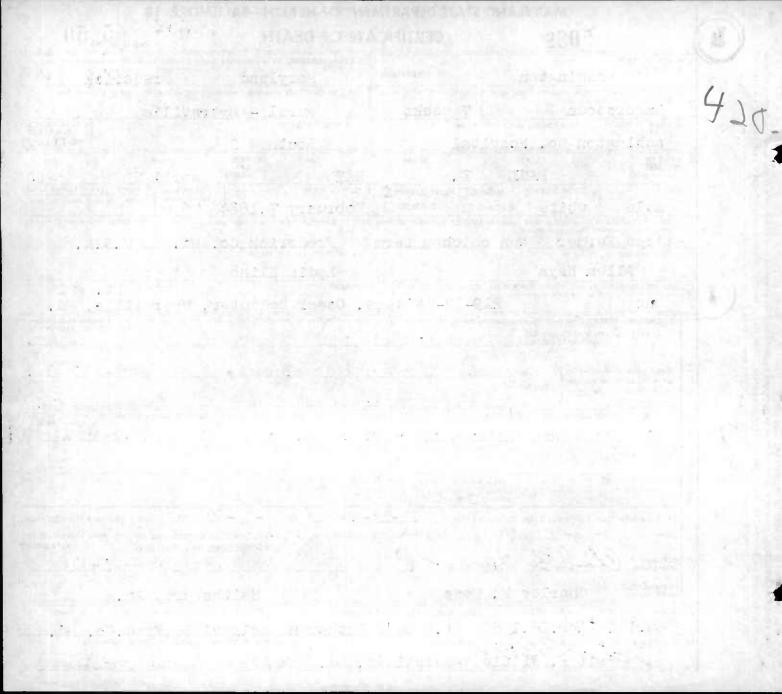
CERTIFICATE OF DEATH

	8525	1)	Ì
Reg.	Dist. No.	11	7

10									
	1. PLACE OF DEATH o. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary]		b. COUNTY	n: Residence		ion)
	b. CITY OR TOWN (I RURAL ond give ne Hagers		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If				e nearest town	
1	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give street ton Co. Hosp	address)	d. STREET ADDRESS	L - Mye:	rsvili	е		TOENCE FARM?
				Route					
	3. NAME OF DECEASED (Type or print)	PAUL	Middle K	HAYS	4. DATE OF DEATH	April	. 23	1	Year 1960
	5. SEX male	6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH February	7.1884	GE (In years ast birthdoy) 76 yrs.		YEAR IF UNDE	R 24 HRS. Min.
							12 CITIZE	N OF WHAT C	OUNTRYS
	10a. USUAL OCCUPATION (Give kind of work done drived) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Farmer own chicken farm Frederick Co. Md. U.S.A. 13. FATHER'S NAME								
	Allen Hays Lydia Kline								
		R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	INFORMANT	lline	Addr	ess D±	11.0	
		(If yes, give war or dates of service)	19-12-2404M1		elauter		Tre	. # 2 e. Md	
2,		DUE TO ny, which (b) G mmediate the under DUE TO	oronary occ	arterioscle				INTERVAL BE ONSET AND 24 h	
	lying couse last.		neurysm of					7	0.
	Ahaces	ser significant conditions					EN IN PART I	(o) 19. WAS PERFO	RMED?
	OR CONTRIBUTING	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in	Port I or Part II o	of item 18.)			3.4
	20c. TIME OF INJUR Hour o. m. p. m.	While	Nat while	PLACE OF INJURY (Home, for octory, street, office bldg., et	rc.)			unty)	(Stote)
		charles F.	and that deal	6-5619, to th occurred at 7:30_ _M.D.		causes and	d an the distate) 4-21	date stated DAT	
	220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION	(City, town, c	or county)	(Stot	e)
	23. FUNERAL DIRECTOR		O St. Mark's	Lutheran	Wolfsv		red C	o. Md	•
	23. FUNERAL DIRECTOR	adi F. Bitti	Mversvill		R 2 8 '60		Luc 9 4		

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the after death. Page 4 may be failed by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or removal, and in ony event within 72 hours after death. VS A1S (4) 15M 9/5B



motorning to the State of Village

shington County Bounitel. . . . Mairpaburgioù,

Al Alrega we meanest

A ADJULTS, 1960

Victime -

Resting Wittenburch Hondon . District Carrier Co.

dens ur. Amy Thurst Houson

Section of the second section of the section of the second section of the section of the second section of the sect

April 16, 1(0 Deleterille Genetary Makersyille, Marylans

of Mile of Miles

Flancol Box

Interest

TO HOSPI

VR A1S (4) 1SM 9/59

is after death. Page 4

M

5108

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05052

1.	PLACE OF DEATH o. COUNTY Wash	ington		MARYL	AND	o. STATE	ence (wh		d lived. If instituti b, COUNTY		nce before		ion)
	b. CITY OR TOWN (If RURAL and give nec	outside corporate lim arest tawn)	its, write	c. LENGTH OF STAY II		1/_			orote limits, write R)
	Rural Will		2000	2 years 6	nont	hs/ Rura	T MIT	Liams	port (Mt	· Tam	many	7)	
	d. NAME OF HOSPITA OR INSTITUTION Hampton R		give street	address)		d. STREET A		d Wes	t				IDENCE FARM? NO 🔀
3.	NAME OF DECEASED (Type or print)	MAURICE	rst	Middle EDGAR		HESS		4. DATE OF DEATH	April	ith	17	/	Year 1960
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	П	B. DATE OF BIRTH	1		9. AGE (In years	IF UNDER	R I YEAR	IF UNDE	R 24 HRS.
	male	white	WIDOW	A STATE OF THE PARTY OF THE PAR		December	22,	1874	last biethday) 5 yrs.	Months	Doys	Hours	Min.
100	during most of working Furniture	ng life, even if retired)	KIND OF BUSINESS OR rniture Manu				or foreign com, Md			.S.A		OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S							
	John	C. Hess				100	Agne	s J.	Baker				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
L'Y.	no, or unknown) (I	f yes, give war or dates of s		14-09-6930	Mr	s. Marga	ret H	less	Williams	port,	Md.		
	1B. CAUSE OF DEAT	TH [Enter anly one co	use per li	ne far (o), (b), and (c).]			. 0.4				INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Ar	tem-sclero	tic	cardio-	-vasc	ular	disease		ONS	-	ECL'S.
	4222.1	DUE TO		OL IV								2 9	Burs_
1	Conditions, if on	u which \											
	gove rise to im	mediate											
	couse (o), stoting t	he under- DUE TO)										
Z	lying couse lost.) ((CONTRIBUTING TO DEAL	FLI DIAT	NOT BELLTED TO	THE TERM	TAL DISEAS	r compliant cu	(ENLINE BAL	DT 1/-\\]	0 14/46	ALITOBEV
1º				CONTRIBUTING TO DEAT	_	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	(1 (0) 1	PERFO	RMED?
S				y of prosto								YES	ио 🛛
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURREC). (Enter noture o	f injury in P	ort 1 or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Ye	While			CE OF INJURY (I tary, street, affice			or town)	(County)		(State)
	21. I certify that	(I) (this haspita	l) attend	ded the deceased f	ram	April 1	6 196	50 , to 1	April 17	7, 19_	60. th	iat (I) (we) last
	22a. SIGNATURE	ed dive an		and 1	har a	eath accurred	di za.	TVP, Iram	the causes ar	a an in	e date		b. DATE
	I STORY ON THE	talle	1/0	Mullar	- 1	ATTENDING	ME DI	D.	STAFF PHYS.	Apri	1 18	3,196	SOGNED
	22c. PHYSICIAN'S			1		22d. ADDRE			stown, M	arylo	and		
	NAME (Type)	J. Walte	r La	yman, M. D.	,	100	Profe	ession	nal Arts	Bld	g.,		
23	BURIAL, CREMATION	N, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY O	RCREMATORY		23d. LOCA	TION (City, town,	or county)		(Stot	e)
	Burial (Specify)	4/19/196	0	Rose Hill	Cen	etery	1	Hage	rstown		ŀ	Maryl	and
24	FUNERAL DIRECTOR'S	SIGNATURE	Homo	ADDRESS			2So. REC'E	BY REGIST		STRAR'S SI			
1	R. Franklin 1	ense	HOME	Hagerstown	Ma	ryland	DATE	21 '6	Q Q	thun S.	Krou	A	
							10.1	1					

CONSTRUCTION OF STRUCTURE OF ST dynb , od es fanod a se vite To a Company of the C the statement of the st the second secon the property of the party of th Cher, I frick Was to the state of The state of Manager, in 191, the state of t s after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

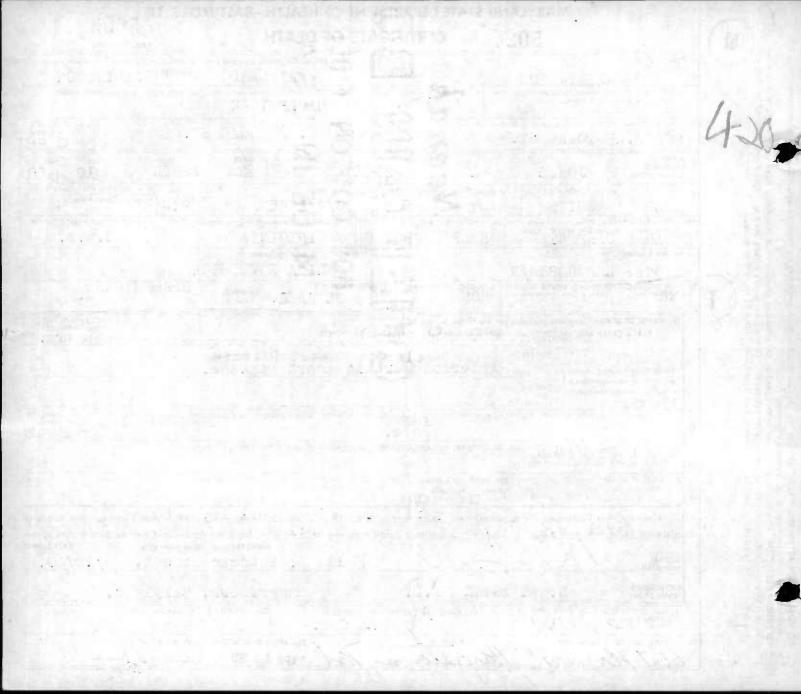
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	CON	46.5			Neg. Dist. 140.
a. COUNTY	WASHINGTON	MARYLAND	o STATE	here deceased lived. If institu ZLAND b. COUNT	tion: Residence before admission) Y WASHINGTON
b. CITY OR TOW RURAL and giv HAGER	/N (If outside corporate limits, with the negrest town)	c. LENGTH OF STAY IN 16 60 YRS.	c. CITY OR TOWN (IF		RURAL and give nearest town)
d. NAME OF HO	POTOMAC ST.	treet oddress)	/d. STREET ADDRESS 266 S. PO	TOMAC ST.	e. IS RESIDENCE ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print)	JONAS	LEE Middle	CKMAN Lost	4. DATE OF APRI	L Day Year 10 1960
s. sex MALE		MARRIED NEVER MARRIED DOWED DOWED DIVORCED	8/7/1865	9. AGE (In years last birthday)	Months Doys Hours Min.
RETIRED	CARPENTER	106. KIND OF BUSINESS OR INDU SELF EMPLOYE	D VIRIGI	INIA	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
JONAS WAS DECEASED	LEE HOCKMAN EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NFORMANT	COVERSTONE	ERSTOWN_
(Yes, nolyb (Inknown)	(If yes, give war or dates of service)		RS CLARA H.		MD.
PART I. 420 Canditions, gave rise t	DEATH [Enter only one couse p DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO if any, which o immediate ling the under-	Coronary Thro		Disease.	INTERVAL BETWEEN ONSET AND DEATH 36 Nrs.
lying couse II	OTHER SIGNIFICANT CONDITION	None.			IVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO 1
	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			
Hour a.	m. V		ACE OF INJURY (Home, farr ctory, street, office bldg., et	c.)	(County) (Stat
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	R. A. I	and that death	M.D. 119 N. I	M, from the causes a ADDRESS (Street, city ar town Potomac Streer)	eet, 4/12/60.
22a. BURIAL, CREMA	ation, 22b. date thereof $4/13/60$		LL CEM.	HAGERSTO	WN MD.
23. FUNERAL DIRECT	TOR'S SIGNATURE	Herris Course	7.		GISTRAR'S SIGNATURE

moy be printed by the hospital ar oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death. TO HOSI VS A1S (4) 1SM 9/SB



FOR STATE HEALTH DEPT. TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay his necessory, please executed certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be religiously your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

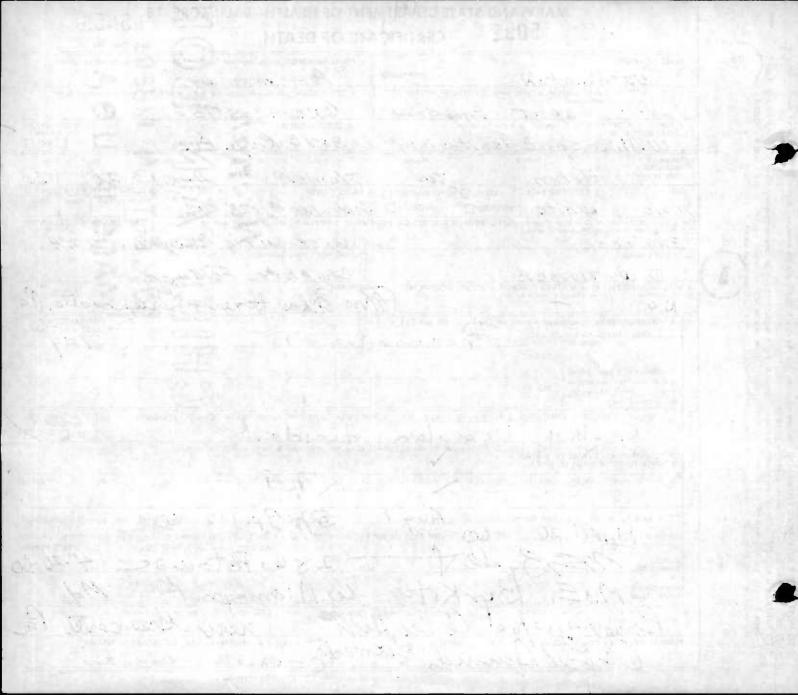
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5095

5025 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH \$\int_{\text{Reg. Dist. No.}} 5\cdot 54
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY (MASHINGTON) MARYLAND	o. STATE MAIRY CAND WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town)
and give nearest fown)	03
HAGERSTOWN	HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
WASH. CO. HOSPITAL	1 435 WITRANKLIN STI YES INO X
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) FARE FRANKLIN +	HOLMES DEATH APRIL - 5- 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	NOV 2 - 1897 (2 yrs. S 3 Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired)	
13. FATHER'S NAME	
13. FAIRERS NAME	14. MOTHER'S MAIDEN NAME
NELSON HOLMES	I SUSAN SMITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT 435 W FRANKLINST
V YES W.W. 1 220-09-9134 NA	RS ESTA HOLMES THAGEISSTOKEN MID
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	I PHTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	y occusion and
260× DUE TO	a de la companya della companya della companya de la companya della companya dell
Conditions, if ony, which gove rise to immediate cause (b)	ello guis
(o), stoling the underlying DUE TO	7
couse lost. (c) yearing	asura echimo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	Enter nature of injury in Part I or Part II of item 18.)
3 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. While of work of work of work	ory, streel, office bldg., etc.)
21. I certify that I took charge of the remains described obc	ove, held on Autopsy [], Inspection 2; Inquiry [], and in my
opinion death resulted from: Natural causes Accident	, Suicide , Homicide , Undetermined monner
150/07	
ACTUAL (Ce Sullo)	CHIEF MEDICAL EXAMINER
SIGNATURE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S IPS F W TITES	DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF METERS OF	
REMOVAL (Specify)	
BURIAL IAPRIS, 1960 KEST HA	VENCENIMERY HAGERSTOWN MD
23. FUNERADDIRECTOR'S SIGNATURE ADDRESS	10. PEC'D PEGISTRAR, 246. REGISTRAR'S SIGNATURE
John H. Bast BOONSBORIN	DATE DATE City S. Kraus

TOUT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. Fel Dur TW FUT, The management of particle Charles of percent following the same features and because the particles of the same of

	5	Export Signs 5 mes GREEN Castle (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO First Middle Last 4. DATE OF OF DEATH PRIME 1960 S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS.)								
1. PLACE OF DEA o. COUNTY	TH 23hington	/	MARYLAN	O STATE	2	* b		Residence befo	re admission)	/
b. CITY OR TO RURAL ond	WN (If outside corporate lingive nearest town)	, ,		1	TOWN (If outside	e corporate lim	its, write RUR	AL and give ned	arest town)	}
d. NAME OF H	HOSPITAL (If not the hospital, TION	give street odere	ess)	d. STREET	ADDRESS		10		ON A FAI	RM?
3. NAME OF DECEASED (Type or print)	John	irst		De m	ost 4.	DATE OF	Month	2/	,	-
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED		B. DATE OF BIR	TH 50 P 9' 18	9. AGE lost		UNDER 1 YEAR	IF UNDER 24	
ENGIT	JPATION (Give kind of work of working life, even if retire	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHE	CACE (State or fo	11.0	nnsulev	12. CITIZEN O	WHATCOU	NTRY
13. FATHER'S NAM	V. Home	e			Rlotte	-	man			
1S. WAS DECEASE (Yes, no, or unknown)	DEVER IN U. S. ARMED FO		AL SECURITY NO.	AVVA- G	any H	omer.	- Address	cenco	stlo,	F.
	DF DEATH [Enter only one of the control of the cont	L	(o), (b), and (c).]	nitus				INT	ERVAL BETWI	EEN
gove rise	DUE T	(b)							1	
lying couse	Lead	(c)	RIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL	DISEASE COND	ITION GIVEN	IN PART 1(o)	PERFORME	ED?
20g. ACCIDEN	NT WAS SNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	1	HOW INJURY OCCU	RRED. (Enter noture	of injury in Port	or Port II of it	em 18.)		YES N	9
20c. TIME OF Hour	INJURY Month, Doy, Y o. m. 19	While	Y OCCURRED 20e. Not white of work	PLACE OF INJURY foctory, street, efficiency	(Home, form, 20 ce bldg., etc.)	Of. (City or tow	n)	(County)		(Stote
21. I certi	that I attended th	e deceased fi		ath accurred a	10.01	from the co				
ACTUAL SIGNATURE_	met	3 pl	A	M.D. 2		RESS (Street, cit			DATE SI 4-26	
PHYSICIAN'S NAME (Type)	M.E.	Byr	Kit	wi	1) ion	1900	+	1	14	
REMOVAL (S	May 4/29	60 20	NAME OF CEMETER	OR CREMATORY		NOW (C	Bro	sence	tte (Stote)	Pa
23. FUNERAL DIRE	etor's ignorture	Juin	address the	concastle	24a. REC'D BY DATE APR			AR'S SIGNATU		

MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY WASHINGTON c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Month APRIL IF UNDER TYEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? Address # 2 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Itagerstown, wash. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that

VS. A15ME(5)

5M 9/55

DATE

(County)

e. IS RESIDENCE

ON A FARM?

60

YES NO TH

Year

19

MD.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Well

PERFORMED?

DATE SIGNED

4/26/60

(State)

NO

(State)

me

Day

25

U.S.A.

HTARO TO STADE		MINIAXE LADIO	502 MM
		into a porting	
EN ART AR EN	alas artili su		
	19.0		
			additional control
	Service of the servic		
Telephones			

CERTIFICATE OF DEATH

05057

Orthur S. Kraus

			CERTIFICA	AIL OI DE			Reg. Dist. N	No.	
1. PLACE OF DEATH O. COUNTY Washin			MARYLAND	2. USUAL RESIDENCE O. STATE MA	CE (Where deceose ryland	ed lived. If institution b. COUNTY			
b. CITY OR TOWN (RURAL and give n Hage:	If outside corporate lim earest town) PSTOWN	its, write c. LENC	years	02	'N (If outside corpo	orote limits, write R	URAL ond give	nearest town)
d. NAME OF HOSPI' OR INSTITUTION Washingto	TAL (If not in hospital, in County	give street address) Hospita		d. STREET ADDR	ESS				FARM?
3. NAME OF DECEASED (Type or print)		llizabet]	n Ilge	nfritz	4. DATE OF DEATH	Apri			Yeor 19 60
Female	6. COLOR OR RACE White	7. MARRIED N		B. DATE OF BIRTH	892	9. AGE (In years lost birthday) 67 yrs.	Months Day		Min.
10a. USUAL OCCUPATION during most of wor House	king life, even if retired	3)	Home		(Stote or foreign o	-		OF WHAT C	OUNTRY
13. FATHER'S NAME W111 15. WAS DECEASED EVE	iam Colli		ECHBITY NO	14. MOTHER'S MA		Mary Fre	derick	c	
(Yes, no. or unknown)	(If yes, give war or dates of	service)			Ilgenf		gerst	own M	d.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	700.000	1-00	arctivis				NTERVAL BE	
420 Conditions, if o	DUE TO	Corour	arterio	odurti i	Harl De	seine		12 4	yan
gove rise to i cause (o), stating lying couse last.	mmediote Dus To							0	
PART II. OTI	HER SIGNIFICANT CON	NOTIONS CONTRIBU	TING TO DEATH BU	With a Que	e TERMINAL DISEAS		VEN IN PART 1(0	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter noture of inj	ury w Part I or Po	() of item 1B.)			
Y 20c. TIME OF INJUING Hour o. m. p. m.	RY Month, Doy, Ye	While No		ACE OF INJURY (Homoctory, street, office bld		y or tawn)	(Coun	ity)	(Stote)
	nat attended the				60		that I last s		
actual		20 TI	and that death	accurred at 7	ADDRESS (S	the causes and street, city or town,		DAT	abave re signer
PHYSICIAN'S NAME (Type)	ALTON	M.W.	L 74	Stax	estour	mo	1	-12-	9e_L
220. BURIAL, CREMATIC REMOVAL (Specify)		OF 22c. N	ame of cemetery o		77	TION (City, town,	ANA	(Stot	(e)
23. FUNERAL DIRECTOR			DRESS			TRAR 24b. REGI		TURE	

Hagerstown

DATE

'60

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 th may be much by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours-after death.

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with

s after death. Page 4

VS A15 (4) 15M 9/5B

Scott

F, Minnich & Son

moranidas banigani name 55 H marriages AMOJETALAL 68 C Three and collection of the collection of t Jensie . White common terminals . 1892 . Sy House . Wille Van hour Chambershurg Renn. Mary Predectok Tel raus fration word fra File 32-4856 | Oregon S. Il centrite | Degrateur Mil. tracks maked the skill of the state of the s MINISTER STATES and the second of the second s a fun en rail en mon de l'orie a Sain des constitut l'anguille de Mentre les The second secon Augustal A-1-00 Root lave Colerater Madernation

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05058

	5109	-70	CERTIF	ICAT	E OF DE	ATH	-3.5		03	:08	
1. PLACE OF DEATH a. COUNTY	Washington		MARY	(LAND	o. STATE Ma:	ryla	re deceased nd	lived. If institution b. COUNTY	on: Residence Wash i	before admi	ssion) L
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	tside corpor	ote limits, write R	URAL ond gi	ve nearest tov	vn)
Dar			65 year	S	× Da:	rgan					
d. NAME OF HOS	PITAL (If not in hospital, in Residence	give street	address)		d. STREET ADD		oad			ON	A FARM?
3. NAME OF DECEASED (Type or print)	JESSE		RNOLD Middle	II	IGRAM Lost		4. DATE OF DEATH	April	9,	Day	Yeor 19 ⁶⁰
5. SEX Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRI		b. 23,	189	4	9. AGE (In years lost birthday) 66 yrs.		YEAR IF UNE Doys Hours	1
10a. USUAL OCCUPA during most of w Labore:	TION (Give kind of work rarking life, even if retired	1)	craft Pl		Baker					JSA	COUNTRY
13. FATHER'S NAME					14. MOTHER'S M	AIDEN NA	AME				
	es William			400				de Wels			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	RCES? 16.	social security NO	17. INFO	ORMANT Mrs	. Ma Harp	rgar	et Ingr Ferry,	west	Va.	
	DEATH [Enter only one of		ne for (a), (b), and (c)	-]						INTERVAL E	
Conditions, if gove rise to couse (o), stotil lying couse lo	immediate DUE To	b) D	Rheumato				IAI DISEAS	E CONDITION OF	VENI INI PADT	162/19 WAS	AHTOPSY
PART II. (JIHER SIGNIFICANT COT							ESE.	VEN IN PAKI	PERF YES [ORMED?
	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter noture of i	njury in Po	ort t or Part	t 11 of item 18.)			
20c. TIME OF IN.	n. 10	While	NJURY OCCURRED Nat while rk ot work		E OF INJURY (Ha ry, street, office b			or town)	(Co	ounty)	(Stote
	hat (I) (this haspite			II Cilliani	1950 ath accurred	19_ at 7 L 2		the causes ar		_, that (I) date state	
22g SIGNATURE	the 14.	-81	uny	М.	D. ATTENDING	MEI DIR		STAFF PHYS.			2b. DATE SIGNE
22. PHYSICIAN' NAME (Type		н.	Shealy M.	D.	22d. ADDRESS	s cpsbi	ırg,	Md.		4/	9/60
23a. BURIAL, CREMA REMOVAL (Spec BULLAL	tion, 23b. Date there $4/12/6$		23c. NAME OF CEN Samples					mples 1		7	ate)
24. JUNERAY DIRECT	ald Cacl	Sles	Harpers	Ferr	y 9	250. REC'D	BY REGIST		ISTRAR'S SIG		

dayor				
desent sign				
7. V 48.64 100.79				
THE THE PERSON		110 000		
a fi		s, leiteauadi?		
0:10/0	0881		The second	
		n or leina e		
2013 F.HVA 1115			estitute the sale	

TO HOSPY

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5028 CERTIFICATE OF DEATH

3025059

-							
	o. COUNTY		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	ere deceased lived. If institu	Υ.	re admission)
H	Washin	If outside corporate limits, write	c. LENGTH OF STAY IN 16		d Washing		arest town)
ŀ	RURAL and give n	eorest town)	5 Days			Now to one give the	
-		TAL (If nat in hospital, give stre		d. STREET ADDRESS	stown R # 4		e. IS RESIDENCE
	OR INSTITUTION	County Hospi		1	tle Pike		YES NO
1	. NAME OF	First	Middle	Last	4. DATE Me	onth Da	y Year
1	(Type or print)	FLORENCE	LOUISE	IRVIN	DEATH Apri]	4 1960	19
1	S. SEX		RRIEDE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday)		IF UNDER 24 HRS.
	remale		WED DIVORCED	June 8 189		The state of the s	Haurs Min.
1	Oa. USUAL OCCUPATION	ON (Give kind of work done 10	b. KIND OF BUSINESS OR INDU			12. CITIZEN OF	WHAT COUNTRY?
	Houses	king life, even if retired)	Own Home	Mercersby	irg Franklin	1	USA
ti	3. FATHER'S NAME	7110	O 1111 220210	14. MOTHER'S MAIDEN			
	John Pe	aulsgrove		Sarah H	Inse		
+		ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT		Idress	
	(Yrs. no, or unknown)	(If yes, give war or dates of service)		s M. Irvin	Hagerstown	Md. R #	4
1	No	ATU (5.			astle Pike		ERVAL BETWEEN
1		ATH [Enter only one couse per ATH WAS CAUSED BY:	1 ~	Greenes	Table Live		ET AND DEATH
1	1/40 5	IMMEDIATE CAUSE (0)	I remid				3973
	1 493	DUE TO	2 1 01				. 1
П	Conditions, if a		16491 21	wy doce in		3	dyo
1	couse (o), stoting		,	2.0	(11	x 1	Wal.
1	lying couse lost.	(c) T	neumon	10 + Ong	eshir No	wo folly	- ray
	PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a)	PERFORMED?
	Y	Cachar	(6 0 ×				YES NO
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	Part I or Part II of item 18.)		
		MEDICAL EXAMINER					
			L.	ACE OF INJURY (Hame, farm ectory, street, office bldg., etc		(County)	(Stote)
1	Haur o.m.	19 Wh at v	ile Norwhile reark of wark				
	21 I certify the	at (I) (this hasnital) atte	nded the deceased from.	March 19	59 to Anxil	4 1960 th	nat (IV (we) last
4		ised alive an Anxi	1 11 1.	L 0	M, from the causes of		0
	220. SIGNATURE	011	A A	dediti decorred dice	en, nom me eduses e	ind an me date	22b. DATE
П	IN	212-11		M.D. PHYS.	ED. STAFF	4	1-5 SIGNED
	22c. PHYSICIAN'S	39900		22d. ADDRESS		11	11
	NAME (Type)	ME	wkit	28 W	Poton	ac U	hurst 1
-	23a. BURIAL, CREMATIO	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county)	(State)
	REMOVAL (Specify	1)	0. 2 2 2				
1	DUT181 24. FUNERAL DIRECTOR	Apr 7 196	ADDRESS			Oring Wa	sh Co M
		. Coffman Hag			100 7 100	arthur 8 th	
	TITLE WAY	· OOT THEFT HERE	CT P COMIT WITT	DAIL		P. 14	ACCORD .

Dargers many Years of a Se William Propel arvil I set he set he AND PROPERTY OF THE PROPERTY O

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) shauld d. NAME OF HOSPITAL (If not in hospital, d. STREET ADDRESS e. IS RESIDENCE YES NO NAME OF DECEASED Middle Month Yeor (Type or print) 1960 9. AGE An years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED A. DATE OF BIRTH lost birthdoy) Months Hours WIDOWED IA DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for)(o), (b), and (g). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 9 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from //las 1960 71. 1960, that I last saw the deceased _, and that death occurred at/ 1-11 the fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL should NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAPR 2 2 '60 Circling S. Though 15M 9/55

0

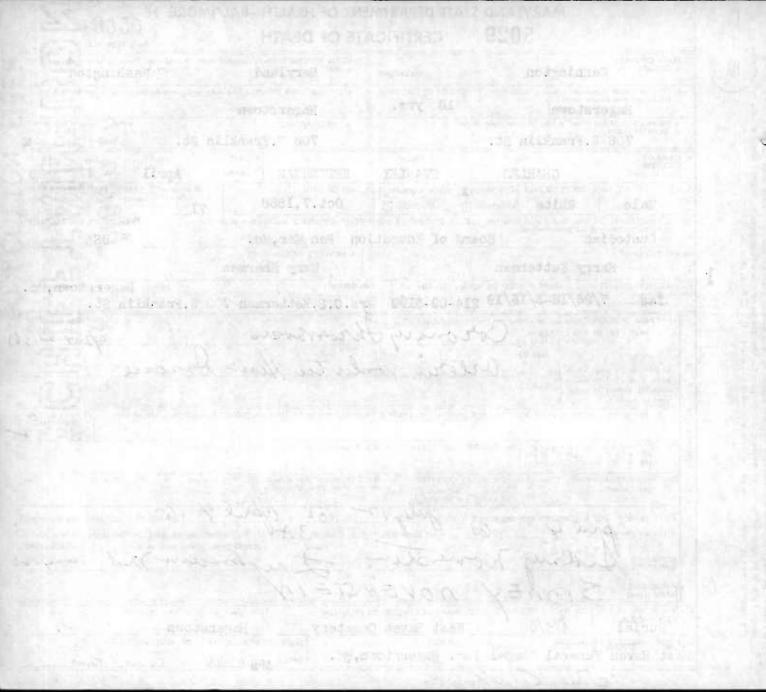
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	ICATE OF DEATH	CERTIF	
	PAGIA MAGIA		
	magnification of security	TO ATT AND THE RESIDENCE OF STREET AND ADDRESS.	
			H manufacture
Mar Marie Control			
in the Lines of the			
The contract of the			**

er death. Page

death certificate be

physici

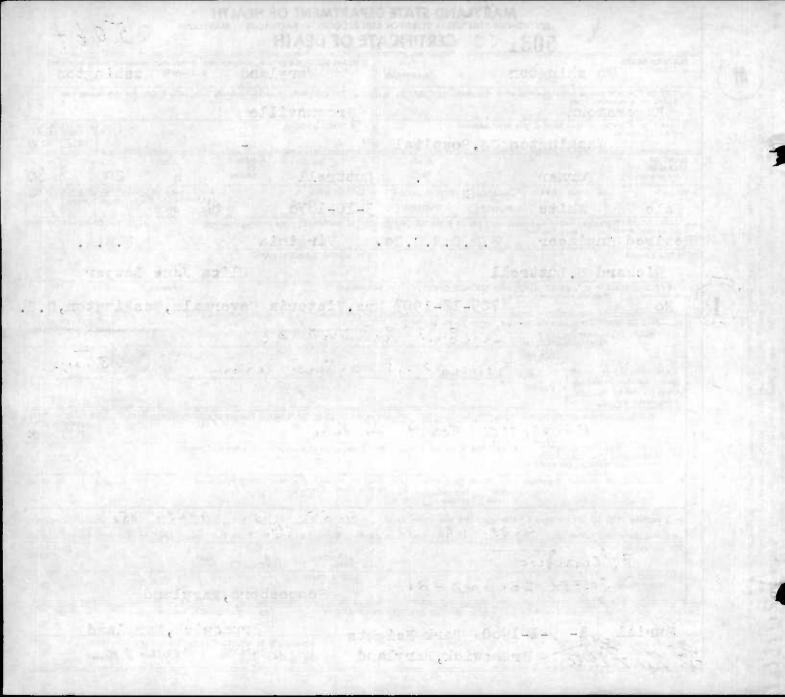


1 4	Ιt	em 18 Film 5	030 ME	AND S	TATE DEPAR	TME ER'S	NT OF H	ICA1	H—BA	DEATH	18 Reg. Dist	() (. No.	13	
t shauld by	1. [LACE OF DEATH	(GTON		MARY	AND	2. USUAL RESH	Tank.	/here deces	sed lived. If instit b. COUN	ution: Residence	ce befor	e admissi	an)
Page buriok	Ŀ	CITY OR TOWN (IF and give nearest town) AGERSTO IN	outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR I		autside cor	porate limits, write	RURAL and g	jive neo	rest tawn)
rector.			LL HEIGHTS		pital, give street address)	d. STREET AL	DDRESS	L HEI	GHTS BLVI).		ON A	FARM?
yaur pyaur p	-	NAME OF DECEASED Type or print)	GEORGE		Middle E •	K	NOTT Lost		4. DATE OF DEATH	Mani 4	h 8	Doy	Yeo	(01)
th. If a the fund for the far the the re	5. S	EX LH:	6. COLOR OR RACE WHITE	7. MARRIE	NEVER MARRIED DIVORCED	_	DATE OF BIRTH AN. I3,	1915		9. AGE (In years lost birthdoy) 45 yrs.	Months D		Hours A	24 HRS. Min.
ifter deal	Di	USUAL OCCUPATIO	ON (Give kind af work of g life, even if retired)		IND OF BUSINESS OR I	NDUSTI	11. BIRTHPLA MARYI		ar fareign o	country)	12. CITIZI	N OF	WHAT CO	DUNTRY?
5 may ges o		FATHER'S NAME OUN C. NOVO	TT				14. MOTHER'S A		DUFFY		A W	M		
rin 24 h ive Page Page File po	{Yes	WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of t		SOCIAL SECURITY NO. 13-16-1941		FORMANT ARGAI	RET K	MOTT	HAGERS	rown, mi).		
scuted with em 18. Gi form PM3. it permit.		PART I. DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)		or (a), (b), and (c).] Aspiration	of	Vomitus					ONSET	L RETWEEN AND DEATH 1Star	1
ould be expended in the lang with considerant		Conditions, if an gave rise to immed (a), stating the u	iate cause		Epilepsy '							20	Year	rs
ifficate she ding" in p s Office a sed as a B	CATION			DITIONS <u>CO</u>	NTRIBUTING TO DEATH	8UT N	OT RELATED TO T	HE TERMI	NALDISEAS	E CONDITION GI	VEN IN PART I		WAS AU PERFORM	VED3
d 'pen aminer' Id be u	CERTIFI	20a. EXTERNAL CAU PRIMARY ar CON CAUSE OF DEATH.	SE WAS STRIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED. (E	nler nature of inju	ry in Part	1 or Part II	af ilem 18.)				
EXAMINER: 1 riting the wor ef Medical Ex R: Page 3 shar	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	r 20d. il While at wor	Nat while	facta	E OF INJURY (Herry, street, affice b	ame, farm oldg., etc.)	20f. (Cit)	or town)	(Count	y)		(State)
4 7 8 0					emains described], Accident [],							<u></u>	and fir	nd that
ertificate ertificate of the VERAL DIREC		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DEW	Del TIT	10 9		A\$SISTAN	T MEDICA	AMINER AL EXAMINE EXAMINER	_	4/9	2/6	O ATE SIG	NED
cute forw forw ar re	220 B	BURIAL, CREMATION REMOVAL (Specify)	4/II/I96		22c. NAME OF CEMETER	RY OR	CREMATORY			TION (City, town, RSTOWN, ME			(State)	
VS. A15ME(5) 5M 9/55		FUNERAL DIRECTOR'S		ERSTO	ADDRESS VN, MD.			24a. REC'E DATE	APR 1		Criting.		ans.	

STAUBITHED		807
- Thirty		
		tecar I subserve
37.37		
Johnson Cha	nio del salo esta. Basa (III dellos el III	

05.064

4 2														8	
Page director)		LACE OF DEATH	a shingt	on	MARY		a. STATE	ence (Where	deceased lived	I. If instituti b. COUNTY	on: Residence t Washi	efore odm	ission) N	
of of the		t	. CITY OR TOWN (II	f outside carporote lim	its, write	c. LENGTH OF STAY	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
de fune	-33		Hagors					XBrownsville							
sho sho	21	(OR INSTITUTION	AL (If nat in hospital,	give street ac	ddress)		d. STREET AL	DDRESS					A FARM?	
9000				Washingt	on Co	.Hospita	1	/		-			YES	□ NO 🔀	
illed in sth.			NAME OF DECEASED Type or print)	Turner	rst	Middle P.	L	uttrel		DATE OF DEATH	Mar	29	Day	Year 19 60	
ithin 2 Ily fille Pages death		5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D B. I	DATE OF BIRTH	1	9. A	GE (In years	IF UNDER 1 Y			
d w			Male	White	WIDOWED	DIVORCE	0 3	-10-18	376	87	t birthdoy) L yrs.	Months Da	/s Hour	s Min.	
omp oper		10a.	USUAL OCCUPATIO	ON (Give kind of work	done 10b. K	IND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPLA	ACE (State or fo	areign country)	12. CITIZEN	OF WHAT	COUNTRY?	
exe		R	etired H		В.	&.O.R.R.	Co.	Vir	ginia		4 11/11	U.S	.A.		
on a arbc n 72		13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NAMI						
sicio ve c vithi			Richar	d H.Lutt						Eliz		e Lawy	er		
physemay ant, w			WAS DECEASED EVER	R IN U. S. ARMED FOI (If yes, give war ar dates of	service)	OCIAL SECURITY NO.					Add				
ing ph		1	No		170	5-12-190	7 Mr	s.Vict	oria 1	Hover)	nale,	Washir	gtor	D.C	
death tendi				TH [Enter only one co	ause per line	far (a), (b), ond (c).]	رم	F	2				NTERVAL	BETWEEN D DEATH	
d in d			2 3 /\/	TH WAS CAUSED BY:	0) (0	rebrue	nei	nove	ung e						
t tor			331X	DUE TO	0	uera liz	_	0 7					3 700	4_	
es the	1.5		Conditions, if or		b) 7 c.	usia en j	u	arie	10.7.20	ردون			1	-	
quir igne			cause (a), stating lying cause lost.		0										
cian cian cian cian		z		TER SIGNIFICANT CON	c)	NTRIBITING TO DEA	TH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE COL	VDITION GIV	/FN IN PART 1/	1 19. WA	S AUTOPSY	
he laysi physi has be riol-tro	0	ICATION		Couge	r'tive	heart	fa	ilure				TEN IN TOKE I	PERI	FORMED?	
IAN: 1 ending ficate the bu			20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OF	CCURRED. (Enter noture of	f injury in Part	I or Port II of	item 18.)				
PHYSIC al or att his certi use as ta buric		MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye	20d. INJ While of work	Not while		OF INJURY (F y, street, office		20f. (City or to	wn)	(Cour	ity)	(Stote)	
NG spit ter d fa	1		21. I certify tha	t (I) (this haspita	l) ottende	d the deceosed	fram	4-25	1950	, .to	4-29	- 1960,	that (I)	(we) last	
NDI e ho ichec		H	sow the deceas	ed alive on	4-28-	19 60 , and	that dec	th accurred	OF AM,	from the	causes or	nd on the d	ate stote	ed above.	
TTE TOR TOR Hed			22a. SIGNATURE	0				ATTENDING						22b. DATE SIGNED	
REC be				leconde	~		M.I	D. PHYS.	DIRECT	TOR PH	AFF IYS.				
AL DI			22c. PHYSICIAN'S NAME (Type)	JOSEPH S	5500	NDARI		22d. ADDRE	one sb	oro, M	arula	nd			
DSP be State		23g	BURIAL, CREMATIO		OF	23c. NAME OF CEME	TERY OR C	REMATORY	23d	. LOCATION	(City, town,	or county)	(Si	tote)	
may hor page	100		REMOVAL (Specify) Burial	¶- 5-1	-1960	Panle U	e i eh	ta	I	Bruns	vick.	Maryla	nd	313	
2 2)	24.	FUNERAL DIBECTOR	SIGNATURE		ADDRESS			25a. REC'D BY			STRAR'S SIGNA			
VR A15 (4) 15M 9/59		5	hut.	elle -	Bruns	wick, Mar	yran	a	DATE MAY	3 '60		thun S. H	sacial		



s after death. Page 4

5093

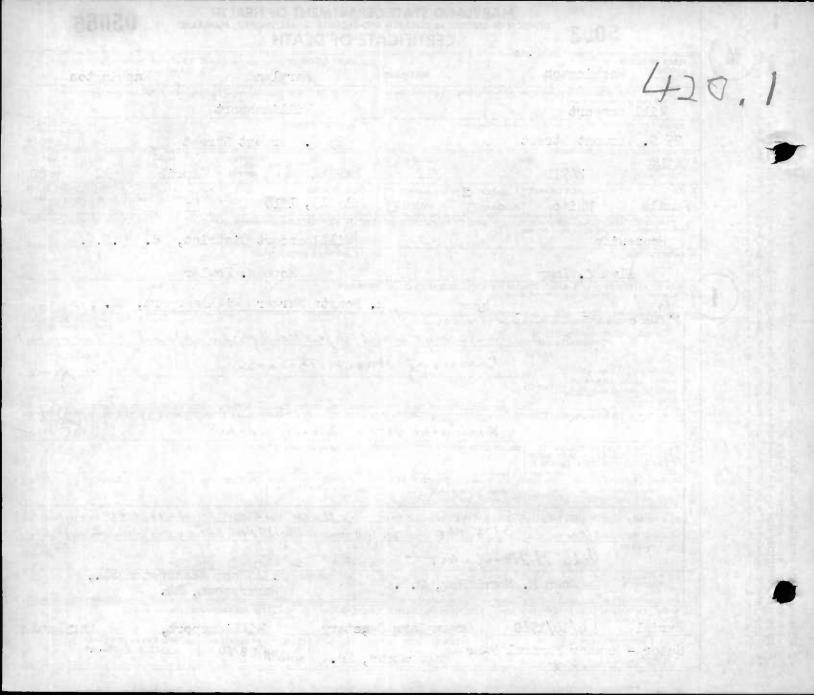
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

115065

o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Resident b. COUNTY Wash	ington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport	c. LENGTH OF STAY IN 16	. ,	itside corporate limits, write RURAL and $\mathfrak g$	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Street	ddress)	/d. STREET ADDRESS 25 S. Verm	nont Street	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MAZIE	Middle MAY	Last MARKER	4. DATE Month OF DEATH April	Day Year 12 19 60
Female 6. COLOR OR RACE 7. MARRII 7. MARII 7. MARII 7. MARRII 7. MARII 7. MARRII 7. MARRII 7. MA	DIVORCED DIVORCED	B. DATE OF BIRTH July 13, 1918	Land Linds January	1 YEAR IF UNDER 24 HR Doys Hours Min.
on USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife	IND OF BUSINESS OR INDU			S.A.
R. FATHER'S NAME Alva J. Lamp		14. MOTHER'S MAIDEN N	M. Fowler	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Ses, no. or unknown) (If yes, give wor or dates of service)		NFORMANT	Address er Williamsport, M	d.
DUE TO		rest Disea	(presumptur)	4 Juns
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN		T 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item 18.)	
Hour o. m. While	JURY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tawn) (C	County) (Stat
21. I certify that (I) (this haspital) attends saw the deceased glive on 31>			\overline{M} , to $A - 12$, 196 \overline{M} AiBh the causes and an the	
220. SIGNATURE John H. Hom	bahrer		D. STAFF PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) John H. Horn	baker, M.D.		54 West Washington agerstown, Md.	St.,
Bo. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4/16/1960	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or county) Williamsport.	(State) Marvland
Suter - Rouzer Funeral Ho		25g, REC'D	BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE

TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 of the Stote Board at Health prior to buriol, cremation, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES INO Month Day Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? Address INTER AL BETWEEN ONSET AND DEATH V71.00 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES X NO (County) (State) ... 19 60 that I lost saw the deceased A.M. fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Smithshure, Washington, 240. REC'D BY REGISTRAR, 6 245. REGISTRAR'S SIGNATURE DATE

991104	HTADO TO BY			
my and and stores to	o in the last of t		es essentand	
	Tables Andrea			To be the board of the beat of
	of mercals		May 1 SHIP NOT A	
Christian Division				
			refract.	
	DOWLIN		all the Males Suit	
				Mary and and a
		A STATE OF THE LINE		
190				
Collins of the contract of the			emellah bassa tat St.	
				S. Marine
() () () () () ()				
A Committee of the comm		A THE PARTY OF THE		TOTAL STATE
Salvestan a selection	J'AR			175

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05067

5094 **CERTIFICATE OF DEATH**

					Keg. Di	31, 110.
1. PLACE OF DEATH o. COUNTY	hington	MARYLAND	o. STATE		institution: Residen	
b. CITY OR TOWN RURAL ond give	(If auxide corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	1 X. 4	outside corporate limits,		
	1. ()	Hyns 5 mos 180 doddess) tarium	d. STREET ADDRESS Roate	stown		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Amile	Middle	Lost Martin	4. DATE OF DEATH ADE	Month >; /	Day Year 28 1960
3. SEX Zemale		RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH TANUATY 20.	9. AGE (In lost birt)	4 1 4	Days Hours Min.
Housewi	ION (Give kind of work done 10borking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stor	bucq_		U.S.A
13. FATHER'S NAME	seph marti		14. MOTHER'S MAIDEN	· ·	PPCR.	
IS. WAS DECPASED EV (Yes. no, or unknown)	(If yes, give war or dates of service)		rs. Marion			ort Md.
Canditions, if gave rise to couse (a), stating lying cause last	g the under-	eneralized	Atheros	chevosis		5-415
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	ON GIVEN IN PAR	17 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Part I ar Port II af item	18.)	
Y 20c. TIME OF INJU Hour o. m. p. m.	. While		ACE OF INJURY (Hame, far ctary, street, office bldg., e	rm, 20f. (City or tawn)	(4	County) (State
21. I certify to alive an Actual SIGNATURE	that I attended the decea	sed fram Aug 60, and that death	19 50 , to a cocurred of 75 m	April 28 M, from the caus ADDRESS (Street, city o	es and an the	ast saw the decease e date stated abov DATE SIGNE 4-28
PHYSICIAN'S NAME (Type)	M.E. By	rKit	Willi	am 700	rt	Md
Burial, CREMATI REMOVAL (Specify		Leitersbur		22d. LOCATION (City, Leiters)	9.00	aryland (Stote)
23. FLINERAL DIRECTO	R'S SIGNATURE WE	Monaport of	11/11/	C'D BY REGISTRAR 24	a. REGISTRAR'S SIG	

lounestife to lone the second of the U.S.A. None the state of the day on the office of the state of t Configured provided to the there are a section of the last the las

il director, filed with

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11:	50	68
		O

		122	OHIVIII I G							
1. PLACE OF DEATH	ગ	100			DENCE (WI	here deceosed lived		n: Residence bei	fore admissi	ian)
6. COUNTY	Washington		MARYLAND	o. STATE	Md.		b. COUNTY	Was	hingt	on
RURAL ond give	(If outside corporate limit	s, write c.	LENGTH OF STAY IN 18	12.	own (IF d	outside corporate lin	mits, write RU	RAL ond give n	earest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, gi			d. STREET A	DDRESS	Lenwood A	Y A			DENCE FARM?
						T				
3. NAME OF DECEASED (Type or print)	Fin	it .	Howard	McCune		4. DATE OF DEATH	Mont	21	. 1	Yeor 19 60
s. sex	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRT		los	E (In years t birthdoy) 74 yrs.	Manths Days	1	R 24 HRS Min.
10a. USUAL OCCUPAT	ION (Give kind of work d	lone 10b. KIN						12. CITIZEN	OF WHAT C	OUNTRY
during most of we	red .red		Printer		Hager	estown, M	d.	US.	A	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
	John Thomas	McCune		Ma	ary E.	Atherton	n	The Late		
15. WAS DECEASED ET	VER IN U. S. ARMED FOR		CIAL SECURITY NO. 17	INFORMANT			Addre	955		
no			-09-7827	John McCur	ie 3	314 Radel	iff Av	e., C	ity	
	EATH [Enter only one content of the	6-	ste for (a). (b), and (c).]	+ block	,1	lcorron	V	IN OF	MSET AND	DEATH
Conditions, if gove rise to couse (o), stotin	ony, which (b)	Pos	terior seg	stal u	uyoear	dial is	fact	ion	12 d	ays
lying couse los		arl	mosclerol	ic ke	art.	durace			flor	+
ZOO. ACCIDENT YOUR CONTRIBUTION (IF EITHER, NOTIFI	THER SIGNIFICANT CON	11-1	TRIBUTING TO DEATH B		THETERM		IDITION GIVE	N IN PART 16	PERFO	RMED?
	NAS UNDERLYING IN THE PROPERTY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCUR	RRED. (Enter noture of	of injury in	Part I or Port II of	item 1B.)			
20c. TIME OF INJI Hour o. m	10	While of work	Not while	PLACE OF INJURY (factory, street, office			wn)	(Count	r)	(State
	nat (1) (this haspital ased alive an 4/	attended	the deceased from	. /	-	60, to 4	C/21		that (I) (v	
220. SIGNATURE	nc. Stan	then		M.D. ATTENDIN	G _ M	ED ST/	AFF YS.			SIGNED
22c. PHYSICIAN'S NAME (Type		10		22d. ADDR	ESS				1,57	
	ION, 23b. DATE THEREO	F 2	3c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION (City, town, o	r county)	(State	e)
burial peci	4-23-60		Rose	Hill		Hagers	town		Md	•
24. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		250. REC	D BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNAT	URE	
Fred W. Kr	aiss Hager	rstown,	Md.		DATE	25'60	ante	un & Kras	A.A.	

Sauch		Office 3	
astyclosak			potenties
	mestatojoh		Magarateum
	, ava howard old.		Lasignah .co .doad
	A gracing		
	June 30, 1895		
	an ergren, H.	TREAST?	
	moduledta all yunn	04	wDaf secolf bilat
w., (i.e.	the McCome Sad Hadelist Av	1282-50-	C on
	a service of the second		
		Const.	
		aroz	Si-El-ha Lected
	1800	r e	rederous Randon Magerater

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5034 CERTIFICATE OF DEATH

U5069

1. PLACE OF DEATH o. COUNTY			MARYLANE	O STATE	DENCE (Where	_ b.	COUNTY	esidence befare a	admission)
Washin	gton			Maryl		Wa	ashing		
b. CITY OR TOWN RURAL and give	(If outside corporate limits nearest town)	, write c. LEI	NGTH OF STAY IN 18	C. CITY OR	TOWN (If outside	de corporate limi	s, write RURAL	ond give nearest	r town)
Hagers			6Wks	Hager	stown				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gir	ve street oddres:	s)	d. STREET				e. I	S RESIDENCE ON A FARM?
	ounty Hosp	i tal		816 V	irgini	a Ave			ES NO
. NAME OF	First		Middle	Lo		DATE	Month	Day	Yeor
(Type or print)	JOSEPH	ELA	WER MC	DANIEL		OF DEATH Ap		3	19 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н		1 11 1	INDER 1 YEAR IF	UNDER 24 HRS
Male	White	WIDOWED [DIVORCED	April	6. 187		4	Tills Doys	ours min.
On. USUAL OCCUPAT	ION (Give kind of work de	ane 10b. KIND	OF BUSINESS OR IN				1	2. CITIZEN OF WE	HAT COUNTRY
Merchen	orking life, even if retired)	Ret	tired	Ever	ett Be	dfore	To Pa	USA	
3. FATHER'S NAME		200	71100		MAIDEN NAM		00,100	900	
W422	W MaDa	md al		Adel	ina	Leader			
5. WAS DECEASED EV	VER IN U. S. ARMED FORCE	ES? 16. SOCIA	L SECURITY NO. 17	INFORMANT	THE	neader	Address		
(Yes, no or unknown)	(If yes, give war or dates of ser	vice)	at the second second	rs Vera	H Ma	Daniel	016 1	d mad and	
						1.7	OTO A	irginia	
	EATH [Enter only one cou	se per line for ((o), (b), and (c).]	Hagers	town M	d.	,		AND DEATH
PARI I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	4	2/22/2	Schrit	1 /2	ent d	1shy	6	WKI
	DUE TO	,	1 1					114	
Conditions, if	ony, which) (b)	A	212211	sc/22	616.				12021
gove rise to	immediate (A-11-11						
couse (a), statin	g rne under-								
PART II. O	THER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH E	SUT NOT RELATED T	O THE TERMINAL	L DISEASE COND	ITION GIVEN I	N PART 1(a) 19. \	WAS AUTOPSY
3								P	PERFORMED?
OR CONTRIBUTION	WAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCUR	RED. (Enter nature	af injury in Part	I or Port II of ite	m 1B.)		
	URY Month, Day, Year			PLACE OF INJURY		20f. (City or town)	(County)	(Stote
Haur a. m	10	While of wark o	Nat while	factory, street, offic	e bidg., etc.)				
				il. Me.	1 10/	. 911	11 /	10/2 4 .	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	nat (1) (this haspital)								
	ased alive an 23	-loppust	1960, and tha	t death accurre	ed at II_P.M.	, fram the co	uses and a	n the date st	
22a. SIGNATURE	01119	11-	11. 1	ATTENDIN	IG _ MED.	STAF	F	,	22b. DATE / SIGNED
-	Kellin It	Toon	Wande	M.D. PHYS.	DIREC	TOR PHYS		41	25/6
22c. PHYSICIAN'S NAME (Type)		8 11		22d. ADDI	RESS	,		- //	
	1 / 202	11/	O achlos	-du t	+69.	221100	<u>~3</u>	md.	
3a. BURIAL, CREMAT	ION, 23b. DATE THEREOI	F 23c.	NAME OF CEMETERY	OR CREMATORY	230	d. LOCATION (C	ty, town, or co	ounty)	(Stote)
Burial	4/36/6	O F	Rest Have	n Cemet	0.77.	Hager	stown	Wash C	- Ma
24. FUNERAL DIRECTO			ADDRESS	The Page 1	25g. REC'D B			R'S SIGNATURE	JANG
				r a					
WIIGTEM	K. Coffma	in nage	SISTOWN N	LCL.	DATE APR	28 60	Chil	of S. Kines	

SO2 The second of th rebesh sellent to return to results And the second of the second o to ment are the tree and merchanes at 10 at a 8 THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5035 **CERTIFICATE OF DEATH** s ofter death. Page 4 by the funeral directal

U 5	0	7	1)
			1

Reg. Dist. No.

1.	O. COUNTY WAS LING TON	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RUR	(AL and give nearest town)
	HAGERSTOWN		RIRAL		75X-3
	d. NAME OF HOSPITAL (If not in hospital, give street a	ddress)	d. STREET ADDRESS		e. IS RESIDENCE
	ORINSTITUTION CO	Hospital			YES YES NO
3.	(Type or print) WAYNE	Wood FORd	Mellott 4	DATE Month OF DEATH ABRIT	Day Year 2 6 1960
5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		Months Days Hours Min
L	MAIC White WIDOWER		Eb12 189	2 63 yrs.	Months Doys Hours Min.
10	lo. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	EARMCR OL	UN FARM	Weedmai	RO TA	USA.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 1.	
	ANDERSON Nell	1++	IdA M	AC 56,	11.05
		OCIAL SECURITY NO. 17. II	NFORMANT	Addrey	1 11
L		Mar	Catherine	mellott h	Varfordsburg 1
	18. CAUSE OF DEATH [Enter only one cause per line	s for (a), (b), and (c).]	11		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lunary e	wholes		minte
	Conditions, if any, which	gestine her	It failure		weeks
	gove rise to immediate couse (o), stoting the under-lying couse lost.	perlenene.	healt duce	are_	
2	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
CATION					PERFORMED?
CEPTIFI		RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port	t 1 or Part 11 of item 18.)	
MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. IN Hour a. jr. While at work	_ Not while _ fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease	d from april 1	8 , 1960 to Ou	ml 26, 1960	that I last saw the deceased
	alive an Opul 16 196	and that death	accurred at		d an the date stated above
H	6 1 10	4/		DRESS (Street, city or town, sto	
	SIGNATURE OF MC Star	ulla	W D		
		11	n.v		
	PHYSICIAN'S (/ NAME (Type)				
2	G. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22	d. 10CATION (City, town, or	county) (State)
	REMOVAL (Specify) 4-29-1960	PLASANTO	BRAVE COM /	Veedune	Eulton Co Pa
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Y REGISTRAR 246. REGISTR	RAR'S SIGNATURE
4	Allisikes Ha	Grison ITI	11. 1	0.0.100	0 4
100	1.1/22	the terms of the land of the state of the st	CANAL AND LAND	1 6 73 1311 1 (1 1	The state of the s

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be and by the haspital ar attending physician.

O FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-trangit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

TE OF DEATH	ADRIESSO - EEE	
		A STATE OF THE STA
		A CONTRACTOR
Alleria IV. Telling a literation.		
	100	OF NO.
		en de Promi
	the money contracts	April 1 September 201
and the control of the control of the Alexander of the control of		See Service 1 Ed Grand 1.15
	18.36	CO No.
		THE PROPERTY OF THE PARTY OF TH

**

Uku. G. Horo +

15. 15.077		WEAT THE		
		A FILLER	nit .	
	the state of the s		no realization	
			Ball month agreed	418
			Harvietora BIV	1 -1 13
va di il				
	ab best, of each	Shirter of the	- South State of the	
A31	. pii, printeg		all meson	
	Super Speed		ingrios serie	
A PULL TO BUILD TO BUILD	ok [Sid waller, among.	The establishment		
	Some with	Purung		
	the de de de	- 500.00		
	2 - V-301			
Market and The Control		779	de d'ander -	
Service Control		Morday	April 1	
	1.81	May Ach	KAN CITY C. II	
100.00	sideragii yololik	owel stell	14/41/3- 195	
	a Lass a .m	ne. Therreless	T Tading Teams, near	L Jones

ofter death. Page 4

the funeral director, should be filed with

pup

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

U5879

256. REGISTRAR'S SIGNATURE

Orthur S. Frank

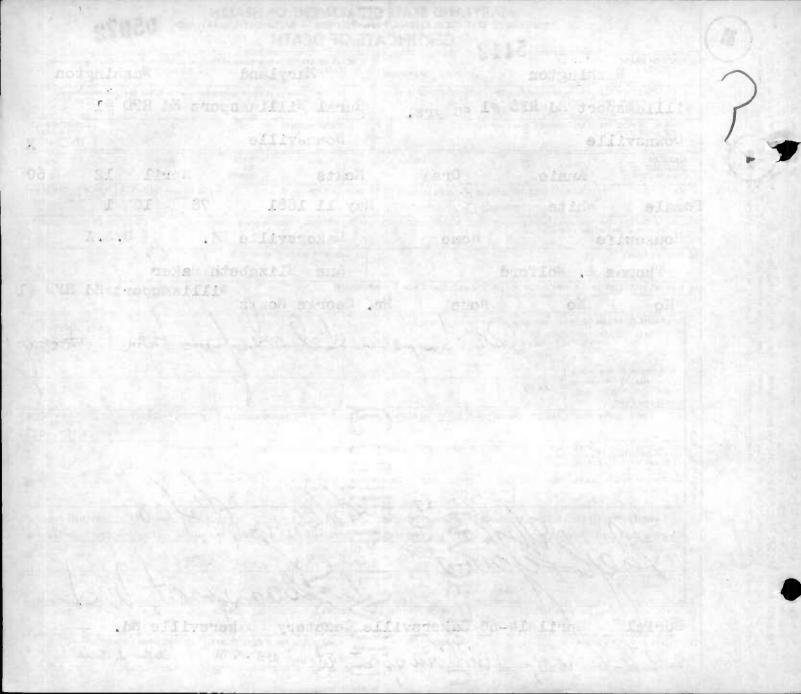
DESCRIPTION OF THE PARTY OF THE		5110	CERTIFIC	ATE	OF DEATH				20	
1. PLACE OF DEATH o. COUNTY Wa	shington	446	MARYLANI		o. STATE Maryl		lived. If institution b. COUNTY			
b. CITY OR TOWN (I	f outside corporate limited rest town) Md R	FD #1 5	O vrs.		c. CITY OR TOWN (IF o					town)
Downsvil	AL (If not in hospitol, g	give street oddress	s)	1	d. STREET ADDRESS Downsv11	.le			C	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Annie Fir		Orea Middle		loats	4. DATE OF DEATH	Apr		12 Day	Yeor 19 60
s. sex Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D Me	ate of Birth 1y 11 1881		9. AGE (In years lost yirthdoy) yrs.	100hs D		JNDER 24 HRS
Housewif	ing life, even if retired	1	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote Bakersvi				S. A	HAT COUNTRY
13. FATHER'S NAME Thomas	A. Wolfe	ord		1.	Ann Eli		h B a ker	•		
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOCIA Provice) Non		INFOR	George Mo		/1111am	sport	Md	RFD #
Conditions, if or gave rise to it couse (o), stoting lying cause lost.	mmediote ()	- lugo	Ca	vial o	ly	and t	idu	ONSET	AND DEATH
20a. ACCIDENT WA					T RELATED TO THETERMI			EN IN PART I	P	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Ye	While of work a	Not while the work	foctory	OF INJURY (Home, form, street, office bedg., etc.		or town	7	ounty)	(Stote
21. I certify the sow the decepts 220. SIGNATOR 220. HYSICIAN'S NAME (Typy) 230. BURIAL, CREMITIO REMOVAL Society)	IN, 23b. DATE THEREO	5 16 0 10 CU	AAME OF CEMETER)	M.D.	27d. ADDRESS LE	ED. RECTOR 23d. LOZAT	STAFF PHYS. ON (City, town, corsville	d on the o	date sta	(I) (we) las
24. FUNERAL DIRECTOR			ADDRESS	1		D BY REGISTE		TRAR'S SIGN	ATURE	

ADDRESS

250. REC'D BY REGISTRAR
DATE APR 14 '60

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be recomed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fijed in page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 at the State Board of Health priar to burial, cremation, or remavol, and in ony event, within 72 haurs after death. VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) i di o. COUNTY o. STATE b. COUNTY VASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) ž ector. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 KOUTE YES NO 3. NAME OF the registros First Middle Lost DATE Month Day for your Year DECEASED (Type or print) DEATH George McClelland Mowen 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) retoined 2 Days Hours Min. WIDOWED [DIVORCED T 3 10 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if retired) ofter 2, on puo pe DOWDERS 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME within 24 hours Give Pages 1, 40 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File ES in pencil in Item 18. Give fice along with form PM3. I as a burial-transit permit. Fi AGEBSTOWN KID 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Fracture Skul nstant DUE TO Conditions. ony, which Amoutation Left Leg Above Knee. gave rise to immediate cause should **DUE TO** (o), stoting the underlying Fracture Right Humerus & Femur couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SO CERTIFICATION PERFORMED? used NO E tificate, writing the word "pendi to the Chief Medical Examiner's DIRECTOR: Page 3 should be use 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Dar CONTRIBUTING DEATH. EXAMINER: This Speeding car left road crashing into tree 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while of work of work Sharpsburg Wash 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that death resulted from: Natural causes 1. Accident IX. Suicide . Homicide | Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER 4-19-60 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER Ditto 220. BURIAL CREMATION, 122b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE PR 2 2 '60 OONSBARD Cirthua S. Kinns 5M 9/55

		Acceptance of the page of the	
	A PROPERTY.		
			120
		o agromation (toll office)	
Maria de Maria de la Companio del Companio del Companio de la Comp			

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 to

VR A15 (4) 15M 9/59

s after death. Page 4

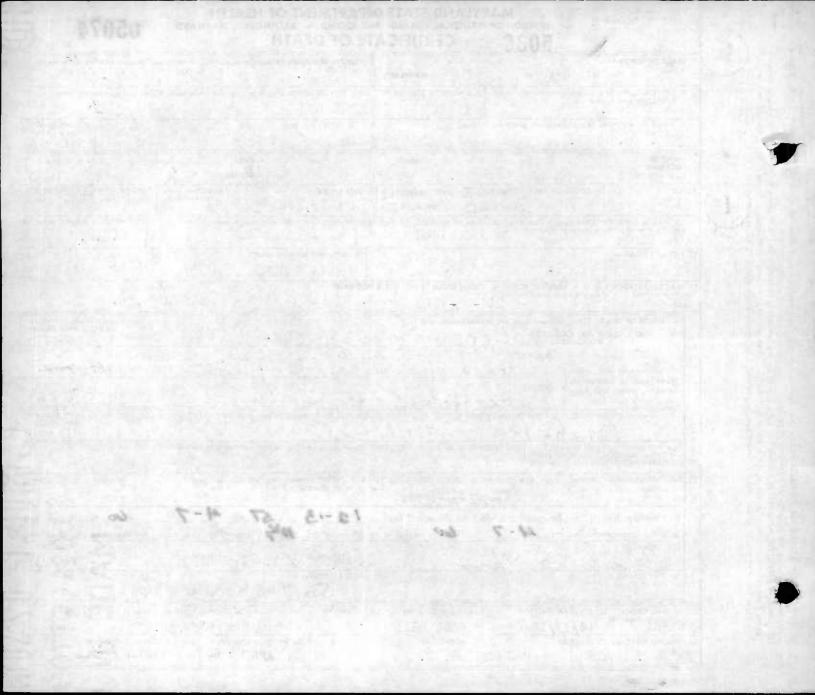
08

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5036 CERTIFICATE OF DEATH

5036

U5074

1. PLACE OF DEATH o. COUNTY WA	SHINGTON		MARYLAND		STATE AD.	/here decease	b. COUNTY			re admiss	ion)	
b. CITY OR TOWN (I	f outside corporate limearest town)	its, write c. LEN	DAY	111/	CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL ond	give nec	ive nearest town)		
d. NAME OF HOSPIT WASH . CO.	AL (If not in haspital, (HOSP.	give street oddress)	+	. STREET ADDRESS						FARM?	
3. NAME OF DECEASED	Fi		Middle		Lost	4. DATE OF	Mar	ith	Do	у	Yeor	
(Type or print)	HERMAN	1	r. Muns	SON		DEATH	4		7		1960	
MALE	6. COLOR OR RACE	7. MARRIED X	DIVORCED _		E OF BIRTH IL I5, I881	Ţ	9. AGE (In years 70 yrs.	Months	Doys	Hours	Min.	
10a. USUAL OCCUPATION during most of work CON TRACTOR	ON (Give kind of work king life, even if retired		ONTRACTING	JSTRY 1	1. BIRTHPLACE (Stote MARYLA)		country)		IZEN O		COUNTRY	
13. FATHER'S NAME				14. /	MOTHER'S MAIDEN	NAME			24.5			
FREDERICK	MUNSON			AM	TELIA SHAF	FER						
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR Ilf yes, give wor or dates of	service)		NFORM	ANT STELLA MUN	NSON	CAVETO).			
PART I. DEA /5 3, Conditions, if or gove rise to it cause (o), stoting lying couse last.	mmediate (Gene	ralized	(_	metas	teros	25				85.	
CATIC												
	of (1) (this hospito sed alive on		e deceosed from	deoth	accurred of	MED.	STAFF			stated	(we) las d obove b. DATE SIGNED	
23a. BURIAL, CREMATIO REMOVAL (Specify)			NAME OF CEMETERY	OR CREM	MATORY	1000000	TION (City, town, RSTOWN, MD			(Stot	te)	
24. FUNERAL DIRECTOR' FRED W. KRA		AGERSTOW	DDRESS N,MD.		25a. REC	APR 1 2		STRAR'S SI				



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18	05075
	CEDTIEICATE	OF DEATH		

			511	L. CERTIFIC	AII	OF DEATH			Reg. Dist	No.	
	PLACE OF DEATH o. COUNTY	Washington		MARYLAND	2. 1	USUAL RESIDENCE (WID. STATE Pa.	here deceased	l lived. If institution b. COUNTY	on: Residence		imission)
	b. CITY OR TOWN (I	f outside corporate limiteorest town)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If	outside corpo	rote limits, write RI	URAL ond gi	ve nearest	town)
		Ringgold		2 Years 2/ Waynesboro							
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)	X	d. STREET ADDRESS				e. 15	RESIDENCE
		Hagerstown	#5		1		40 S.	Broad St	t.		S NO 🔀
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Day	Year
	(Type or print)	Sus		Pauline		Neady	DEATH	Ar	oril	13,	19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)			INDER 24 HRS.
	Female	White	WIDOWI		Se	ot. 9, 1891		68 yrs.	I Womins	oys Ho	ours Min.
100	 USUAL OCCUPATION during most of world 	ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF W	HAT COUNTRY
	Nurse					Upton Pa.			U	.S.A.	
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
1		n H. Neady					tte S	peilman			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT		Addr	ress		
	No.				Mrs	s. S. Harol	d Mar	tin, Wayr	nesbor	o, Pa	
		TH [Enter only one co	use per lis		130					INTERVA ONSET	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6))	Carcinoma						5	
	100,8	DUE TO		with gener	al	ized meta	stese	S			
	Conditions, if o								4		
	gove rise to in couse (o), stoting										
	lying couse lost.) (c									
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERMI	INAL DISEASE	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (En	ter noture of injury in	Port I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While	_ Not while	LACE C	OF INJURY (Home, form street, office bldg., etc	20f. (City	or town)	(Co	ounty)	(Stole)
	21. I certify th	at I attended the	decease	ed from 3/15/		, 19 56, to 4/	13	19.60) that I la	ist saw t	he decease
	alive on/	4/13	. 19		h acc	urred at 8:45	AM. from	the couses of	and on the	date :	tated above
	7	11,9-						reet, city or town,		oule s	DATE SIGNE
	ACTUAL SIGNATURE	My	ud	elucy	M.D.	1 West	Main	Street			
		0 111			_,,,,,			Pennsy		ia	
	PHYSICIAN'S NAME (Type)	C. W.	Lind	eman, M.D.				3			
220	BURIAL, CREMATIO		F	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCAT	ION (City, town, o	or county)		(Stote)
	REMOVAL (Specify) Burial	1/16/60		Green Hil	1		Wavi	nesboro.	Frank	lin C	o. Pa.
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	,		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN		
1	11.06 622	11 /	2 /	11/2/1/1/1/		A PARE AD	R 18'6	u	Principal Title		

The and the delication of the little of the

153.8

7.0

212250

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremotion Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Franklin Washington MARYLAND Pa. buriof. Poge b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ClearSpring Md. 10 Minutes Charmian 0 or. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS prior 49 NAME OF First Middle Last 4. DATE Month DECEASED funer (Type or print) DEATH Paul C. Niemver for S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR ofter deoth. If a 2, and 3 to the f the Months retoined Male White 2/15/1897 WIDOWED DIVORCED T yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Funkhouser Plant Green Spring Furnace Md. pe Cost. Accountant may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrtie Tedrick William G. Niemyer Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give World War Niemver. Charmian Yes Mrs. Paul C. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) olong with for buriol-transit **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying 0 couse lost Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SD 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) pe Exami should ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20f. (City or town) factory, street, office bldg., etc.) Medicol While Not while 0. m. 3 ot work at work p. m. to the Chief Medi writing 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry . and find that ertificate, writing to the Chief deoth resulted from: Natural causes Accident . Suicide . Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL

VS. A15ME(5) 5M 9/55

0

EXAMINER'S

NAME (Typg)-

Buria

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 122b. DATE THEREOF

ADDRESS

Lutheran

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR APR 1 2 '60 DATE

22d. LOCATION (City, town, or county)

DEPUTY MEDICAL EXAMINER

Clear Spring, Washington Co. Md. 24b. REGISTRAR'S SIGNATURE Cirilmy S. Hrank

05076

Day

Days

U.S.A.

e. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED? NO-F

DATE SIGNED

(Stote)

(Stote)

ON A FARM?

19 60

Min.

	CERTIFICATE OF DEATH	15 MEDICAL EXAMINER'S	
	ninto di la comina		
	the unit to the part of the Trib 1994 .		
		MANUAL MA	2013-1-010
	Company S		
		The state of the state of the state of	
			Acut Care
MICE F. H. Ale	CALL CONTRACT PORT OF THE PARTY	A LAW FLIT LAND BY BUTTON	
			MINES PLANT
. 1970		tensialismo. 188 la El digitalismo.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

65077

	<u> </u>	037 ME	DICA	L EXAMI	NER'S	CERTII	FICAT	E OF	DEA	TH	Reg. D	ist. No		H
1.	PLACE OF DEATH	ASHINGTON		MA	ARYLAND	2. USUAL RES	MD (W	here decea			tion: Resid		fore odr	mission)
	ond give negress town (if cond give negress town) HAGERSTO		RURAL	c. LENGTH OF ST.		11 1/	TOWN (IF	oulside cor		its, write	RURAL on	d give n	earest t	own)
	AIRCHILD	AIRCRAFT	200.00	pital, give street add	dress)	MILL	etc. (0.0)						10	RESIDENCE N A FARM? NO [
	NAME OF DECEASED (Type or print)	VIRGI		Middle B.		PECK		4. DATE OF DEATH		Month 4		Doy 2I		Year 1960
5. M	ALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARI	-	CT I5,	I904	+	9. AGE (I	In years helay) YFS.	IF UNDER Months	1YEAR Days	Hours	DER 24 HRS. Min.
100	USUAL OCCUPATION IN THE PECTOR	N (Give kind of work of life, even if relired)		IND OF BUSINESS O	OR INDUST	MARY.		ar foreign (country)			S.		COUNTRY?
	FATHER'S NAME JOBE PECK					14. MOTHER'S NORA	MAIDEN N SUFF		L					
	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of	tervice)	SOCIAL SECURITY N		MRS. J.	AMES	COYI	Œ	BOO.	NSBO	RO,	MD.	
		ate couse	n Se	Hoca Henda	arr	l'Ir	elea hea	etion 14	en V clis	Sor		14	TAND OF	. 0
CATION		ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDIT	ION GIVI	EN IN PAR			AUTOPSY ORMED? NO
L CERTIF	20a. EXTERNAL CAUSE PRIMARY (A) or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCC	CURRED. (E	nter noture of in	jury in Part	l or Part II	of item 18	8.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED Not while of work	focto	CE OF INJURY (Fory, street, office	lome, form, bldg., etc.)	20f. (Cit)	y or town)		(Co	unty)		(Stote)
		at I taak charge resulted fram: 1						lamicide	nspectio		Inquir mined	, —		nd in my
	ACTUAL	durand	L.	W/How	5	_M.D.	MEDICAL EXA					4	DATE	SIGNED
		dward W.		The same of the sa	-	-OFFOTT	MEDICAL E	XAMINER [71	Ra	7.00
22	BURIAL CREMATION BURIAL (Specify)	1 1 1	960	BLAIRS				22d. LOCA		PRTI	r county)	D.	(Sta	rte)
23. J		SIGNATURE CL	EAR S	SPRING, M	D.		240. REC'D	PR 25	160 24	4b. REGIS	TRAR'S SIG	NATUR 1. Tha	E	

TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay, a necessary, please executed certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the figure and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refarred for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health; ar its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

		MEDICAL EXAMINER		
		areas .		
		Grand Corner		
			All Colons are an area	
			got of 1 man some of 1	
	England of the second of the s			
12.95		ans		

VR A15 (4) 15M 9/59

rs after death. Page

			5033	Ttem 2	CERTIFI	CATE	OF DE	ATH.	wle		30	2		
	1. [PLACE OF DEATH O. COUNTY Washi	ngton		MARYLA		usual RESID a. STATE Marvl				VINU		before odmis	
		b. CITY OR TOWN (I RURAL ond give no	If outside corporate lim		NGTH OF STAY IN	1 1b	c. CITY OR TO		itside corpor	ate limits,	write RUI			9
1		OR INSTITUTION	TAL (If not in haspital, sunth Hos)		is}		d. STREET AL		Gony	Home	KXX (0102	e. IS RES ON A YES	FARM?
	3.	NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE OF		Manth	1	Day	Year
		(Type or print)	HARRY	EI	WARD		ITSNOG		DEATH			6 196		19
	5. 9	26	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Sept 3	188		9. AGE (In lost birth 75	years I	Months Do	-	Min.
	10a	during most of worl	White ON (Give kind of work king life, even if retired	done 10b. KIND			11. BIRTHPLA	ACE (State a	r foreign co	untry)	Md.		NOF WHAT	COUNTRY?
	13.	FATHER'S NAME	Mason	+		1	4. MOTHER'S		ok Wa	ren c	0			
		Dar	niel Pits	nogle		3	Kath	erin	e Wes	ver				
W	15. (Ye:	WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16. SOCIA		17. INFO	RMANT				Addre			
L	1	No. or unknown)		330-1	.0-2010	Mr	s Gert	rude	Wise	21	E.	Balti	more	St
			ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ae. H	(a), (b), and (c).	004	Ma	gers	town	Md.	w	,	INTERVALBI ONSTAND	DEATH
		Conditions, if o gove rise to i couse (a), stoting lying couse lost.	the under-					1						<u> </u>
0	CERTIFICATION		HER SIGNIFICANT CON		IBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITIO	ON GIVE	N IN PART 1	PERF	AUTOPSY ORMED?
	CERTIFI	200. ACCIDENT WAR	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (Enter noture of	injury in P	art I or Port	Il of item	18.}			
	MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	RY Month, Doy, Ye	While I	OCCURRED 2 Not while of work	0e. PLACE foctor	OF INJURY (H	lome, farm, brag., etc.)	20f. (City	or town)	(1	(Cou	nty)	(Stote)
	M	21. I certify the	ot (I) (this hospite sed alive on 7	attended to		1 1	th accurred	056	, .ta M, fram	the caus	es and	an the	, that (I) i	,
,		22c. PHYSICIAN	MFG	Deur	y	M.D		DIR	D. ECTOR 🗆	STAFF PHYS. [4/71	50	SIGNED
		NAME (Type)	1				22d ADDRE	1/184	uxf	Pape	24	1/	19.	
	230	BURIAL, CREMATIC REMOVAL (Specify)		23c.	NAME OF CEMET		meter		23d AOGAT	lon (city,	A77	Md.	(Sto	te)
1	24.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	15 NE		25a. REC'D		RAR 25E	REGIST	TRAR'S SIGN	- V	
)		Andrew	K. Coffme	n Hage	rstown	Md.		DATE API	R 1 1 '6	0	Crit	ing S. A	raus.	130

MTHGUNDAIM	ACTION TO THE WAY THE T	ENTRALD PER A		
				•
			Noura	
	elikvennos 1	ax of q		
	A coupling of a supply	Land Laft	agil all rus	P AS
35W.7 0	CLISCA STOLL THOMSTING		Yana	
	or new? wolcoward 16			cit
		148	1913 161	
a overlying	ling Verbridd "tien as I.			
	VA SECULAR OF			
PR Shirts	all prolifering problems.	The Park of the Park of	Mark (C)	de taun
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				

65079

CERTIFICA	AIL OF DEATH
1. PLACE OF DEATH o. COUNTY MARYLANE MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	X
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WILLIAM SPORT SANITARIUM	d. STREET ADDRESS ON A FARM? YES ON NO M
3. NAME OF DECEASED (Type or print) F D WARD FILE CAMPETER TO	Losi 4. DATE Month Day Year OF DEATH A PRIL 20 19/10
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
MALE WIDOWED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	13EP1-3-1813 86 yrs. 7 24
RETIMED FARMER OWN FARM.	MEAR KEEDYSVILLE MO V.S.A.
SAMUEL POFFENBERGER	CATHERINE DOUB
Yes, no, or unknown) (If yes, give wor or dates of service)	HEODORE POFFENBERGER KEEDYSULLE MD
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	moules Celpse interval Between onset and Death
gove rise to immediate couse (a), stating the under-lying couse lost.	wirockers teat you
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1/2
	RED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State
	n, 19, ta, 19, that (I) (we) las
220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type) LOWIS 6. 6V OCT	22d. ADDRESS
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DURI AL MAY-2.1960 300 15 13 C.	OR CREMATORY 23d LOCATION (City, town, or county) (Stote) OCEMETISTY BOOMSBORO WASH. CO.MD.
24. FUNERAL DIRECTOR'S SIGNATURE BOOKS BORO MD.	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 5 '60 Chilun & Krana

TO HOSPIX* OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled into the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

(4

DISTORA

123.03.0 MATERIAL WATER WAT We also make a say an entire of The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

5020

6508n

should be filled with	(
and 2	
en please remove carbon popers. Pages 1	riol, cremotian, ar remaval, and in any event, within 72 haurs after death.
rmit. Th	aval, an
s the burial-transit per	iol, cremotian, ar rem
	as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with

M

1. PLACE OF DEATH a. COUNTY	1		MARYLA		o. STATE			I lived. If instituti b. COUNTY				
	hington	·. T				ryLa					gton	
RURAL and give no Hagerstow		write	c. LENGTH OF STAY IN	16	0			rate limits, write R	UKAL ond	give nea	irest tow	n)
d. NAME OF HOSPIT	TAL (If not in haspital, give	street ac	ddress)		d. STREET ADD	RESS						SIDENCE A FARM?
Washingto	n County Hos	pita	1		Hager	sto	m					NOK
3. NAME OF DECEASED (Type or print)	First LELA		Middle GRACE		Lost POTTS	3	4. DATE OF DEATH	April	th	Do:		Year 19 60
5. SEX	6. COLOR OR RACE 7	· MARRIE	D NEVER MARRIED	□ B. D.	ATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR		ER 24 HR
Female	white w	VIDOWED	DIVORCED [] Ma	0 - 7	887		72 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of war	ON (Give kind af work do king life, even if retired)	ne 10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE	E (Stote o	or foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
Housewif					Ellert	on,	Maryl	and		U.S.	.A.	
13. FATHER'S NAME				14	. MOTHER'S MA	AIDEN N	AME					
1	n Summers					Core	delia	Poffenbe				-
	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi		OCIAL SECURITY NO.	17, INFOR	MANT			bbA	ress			
no			none	Miss	s. Marga	ret	L. Po	tts Hage	rstow	m. I	Id.	
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-		uff:	iciency	7				INTE ONS	ERVAL BI	DEATH S B
Conditions, if a	mmediate (DUE TO	Art	cerioscler	rotio	e Heart	t Di	seas	е		2	ye	a.rs
couse (o), stating lying couse lost.	(c)	Hyp	pertensive	Ca:	rdio-va	ascu	lar	Disease		1	1 y	ears
PART II. OTI	HER SIGNIFICANT CONDI	nons <u>cc</u>		BUT NO	T RELATED TO TH	IE TERMII	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	PERFO	AUTOPSY ORMED?
	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCR	RIBE HOW INJURY OCC	URRED. (E	nter nature af in	jury in P	ort I ar Por	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 19	20d. INJ While at work	Not while		OF INJURY (Har , street, affice bl			or town)	(County)		(Stote
21. I certify the	at (I) (this haspital)	attende	d the deceased fr	am. Al	oril 9			April 1				
saw the decea	sed alive an Apr	الدرياريا	E 19 UU and th	at deat	h accurred o	17-10	M, from	the causes ar	nd an the	e date		d abave 2b.DATE
/,	W. Joy	mon	, hg.	M.D.	ATTENDING PHYS.	7 6 6	D. RECTOR	STAFF PHYS.		اليور		SIGNE
22c. PHYSICIAN'S NAME (Type)	W. T. Lay	man,	M.D.		22d. ADDRESS			fession own. Ma			Bl	dg.
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF		23c. NAME OF CEMETE	RY OR CR	REMATORY			TION (City, town,			(Sto	ate)
REMOVAL (Specify) Burial	4/16/1960)	Rose Hill		etery			stown			Mary	land
Suter - HO	s signature uzer Funera]	L Hom	ae ADDRESS				BY REGIST		STRAR'S SI			
R. Frankl			Hagersto	wn,	Md D	ATEADS	186	0 an	thun S.	Thou	A	

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be need by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detoched far use a the State Board af Health prior ta bu VR A15 (4) 15M 9/59

HIANA IS TANAHAMA PARAMANAN PARAMANA

. .

and the state of t

1 7 .

440×

TE TOTAL PROPERTY TO NOTE

Afeil A All Church

The second second

is less in that it

of the

• •

 within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH-THE COMPANY OF THE PROPERTY OF THE PARTY OF

2600 L

e e en an	ST SHOWL		ND STATE DEPARTME		OEM AL
Selection.					
			COMPLEX S		
					A LOCAL CONTRACT
					77
	Marie Alex		City of Yame		331
			With the state of		Ditt.
			De ser de la company		
Day Tagu	4	Mod Toltelati		bayold	med .
		invoité au		be CII.	
	oderzaenia.				018
			un Consavo Lbu el		
.6/17		Sallemen et	angi Sopetuptak	or to or one of the product	
Synth is 1		expressed ast			
		Birm (MCC) Seller Birger		of laws	
		· , , , , , , , , , , , , , , , , , , ,			
ands ands				Constitution of	20.000 To
		Consultation of the Consul	The state of the s	Continue to the Continue	
SIGN TO			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O I AT U.S.	
			of the second	10 15	E315/67

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5041 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COWNISHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give neprest town 3 weeks CLEAR SPRING R 1 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE MARTIN MANOR REST HOME 1222 Virginia Ave. ON A FARMS Saint Paul's YES NO T NAME OF Middle 4. DATE Month Year DECEASED OF 1060 APRIL PRYOR LUELLA WHITE 15 (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days FEMALE WHITE WIDOWEDTY DIVORCED [FEBRUARY X 7 1884 76 YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SCHOOL TEACHER Public Schools EMMITSBURG, MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTER W. WHITE FANNIE ROWE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO NONE Mrs. Earl Knepper. Clear Spring, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CHRONIC NEPHRITIS IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which ARTERIOSCLEROTIC HEART DISEASE UNKNOWN gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NONE YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. fi. factory, street, affice bldg., etc.) Not while at work at wark 21. I certify that I attended the deceased from March 26, 1960 19 to April 15, 19609 ____that I last saw the deceased and that death accurred at 5:30 A. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIANIS Archie Robert Cohen, M.D. Clear Spring, Maryland April 15, 1960 NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Emmitsburg, Mt. View Maryland Buria 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Emmitsburg, Md.

24a. REC'D BY REGISTRAR

DATE APR 1 9 '60

24b. REGISTRAR'S SIGNATURE

arthur & Trave

E. Wilson

Page

filed

should

200

7

should

3

2 hours

	HEARD TO ST			
				Mentill Section
		The sales of the s		
	Lip Life			
oetser		professor of the	Vandant J	
	MINKE		nite v n	TELIA WILLIAM
believ , shak sajo (Lipan a sajo (Lipan a sajo (Professionals	erini sus autorios	THE RESERVE OF THE	
		17900 (65 - 74)		
		Chrossophol 8 of the fill t		
Description and Light States of the States o	William Project Conference			
TO A Sec L. I Principle	Curte Iprica	, ,		
The state of the s				

lease exe		remotion	1
Bons, p	P P P P P P P P P P P P P P P P P P P	buriel, c	1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony defay is necessory, please executed printing the writing the writing the world "neading" is nearly in law 18. Give Pone 1.2 and 3 to the function the world.	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you. These	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral prior to burial, cremation	
ony defa	or you.	registror	
leoth, If	stained fo	with the	
rs ofter d	noy be re	1 ond 2	(
n 24 hou	Page 5 n	ile pogei	
ited within	m PM3.	permit. f	
be execu	with for	1-transit	
e should	ice olong	s o burio	
certificat	er's Offi	e used o	
ER: This	ol Examir	should b	
EXAMIN	ef Medic	R: Poge 3	
EDICAL	the Chi	DIRECTO	
PUTY M	of bearing	NERAL L	or removal.
TO DE	forw	TO FU	or re

	业
-	
1	-
(181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05084

Reg. Dist. No.

Washington	MARYLAND	o. STATE Maryl	here deceased lived. If Institut and b. COUNTY	Washingto	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest to	own)
Sandy Hook	50 years	X Sandy H	ook		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street oddress)	d. STREET ADDRESS			RESIDENCE
Own Residence		/Old U.S.	340		A FARMS
3. NAME OF First DECEASED (Type or print) GRACE	Middle PEARL	Last RAY	4. DATE Month OF DEATH April	6	Year 19 60
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	Anna Artista da a		DER 24 HRS.
Female White WIDOWE	DIVORCED A	ug.30, 188	1 78 yrs.	Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	ind of Business or Industri wn Home	Tom s Bro		12. CITIZEN OF WHAT	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
James William Ray		Mari	an Dawson		
(Yet no of unknown) I (If we nive was as dates of service)	SOCIAL SECURITY NO. 17. IN 2-24-5835		elvin O. Address Brunswick,		
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO.	MINISTER TO DEATH BUT N	Cardial Vo	val disease condition give		AUTOPSY ORMED?
САН				YES T	NO Z
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter nature of injury in Port	l or Port II of item 1B.)		
Hour a.m. While	£ t -	E OF INJURY (Home, form, ery, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that I taak charge af the r			from the same of t	Inquiry , and	find tha
death resulted from: Natural causes ACTUAL SIGNATURE A. SUL OLI	Accident , Suid	M.D. CHIEF MEDICAL EXA	MINER		SIGNED
EXAMINER'S THE WATT	109	ASSISTANT MEDICAL E	KAMINER (34	1960	
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/8/60	Virts Cemetery Or		22d. LOCATION (City, town, or Sandy Hook	, Maryland	
2 FUNERAL DIRECTOR'S SIGNATURE HE	ADDRESS arpers Ferry	7.7 77	4 100	TRAR'S SIGNATURE	

VS. A15ME(S) SM 9/55

	Most call (
		Debug Construction and
	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
	AND THE STATE OF THE	
		to the interest investigation of the contention of the
in min		
		se de la company
	Construction of the con-	

VS. A15ME(5) 5M 9/55 B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5042 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05085

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington MARYL	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necreat lown) Hage rstown Life	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 704 Oak Hill Ave.	o. IS RESIDENCE ON A FARM? 704 Oak Hill Ave. yes \(\text{NO} \)
3. NAME OF DECEASED (Type or print) WILLMOUTH SALOME	REININGER 4. DATE Month Day Year DEATH April 21 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED female withite widowed □ divorced □	B. DATE OF BIRTH 9. AGE (In yeors September 19, 1909 Sout birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting clerk 13. FATHER'S NAME John W. Witmer, Sr.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 214 09 1074	17. INFORMANT Edward F. Reininger Hagerstown, Md.
330 × DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAUSE OF DEATH.	YES NO
Hour a. m. 19 While of wark at work 21. I certify that I took charge of the remains described	
deoth resulted from: Noturol causes . Accident ., ACTUAL SIGNATURE CAUCA . Difference EXAMINER'S Edward W. Ditto III, M	Suicide , Homicide , Undetermined couse . DATE SIGNED ASSISTANT MEDICAL EXAMINER 4/23/60 DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/23/1960 Rose Hill	
23. FUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer Funeral Home R. Franklin Paryer Hagerstow	m, Md. DATE APR 25'60 arilun 2. Kraus

for all and The state of the s telegraphic telegr All allegations of the control of th or Peter , consultation of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 30

302

65086

			002	
1. PLACE OF DEATH p. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institutions b. COUNTY washing	
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RUR	
Hagerstown	D. O. A.	X Williams	port R # 1	
d. NAME OF HOSPITAL (If not in hospital, give street a	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
OR INSTITUTION Wash County Hospit	al	Downsv	ille	YES NO
3. NAME OF First DECEASED (Type or print) ANNA	Middle ELEANOR	ROHRER	4. DATE Month OF DEATH April 1	Day Year 5 1960 19
		8. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HE
Fenale White WIDOWEL	The state of the s	Sept 24 18		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Housewife	wn Home	Hagereto	wn Wash Co Mo	d. USA
13. FATHER'S NAME	1111 220 200	14. MOTHER'S MAIDEN N		
Samuel Hollyday		Alice	Talbert	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT	Addres	is
(Yes, never unknown) (If yes, give wor or dates of service)	None Mr	s Alice Dow	ney Williams	port R # 1
18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), one (a).]	Downs	ville	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Coron	ary Od clas	in	ONSET AND DEATH
DUE TO O	^	At a		
Conditions, if any, which) (b) Co	ronary a	there's les	sis V	10 400.
gave rise to immediate cause (o), stating the under-		1/2 7	Quesco	
lying couse lost. (c)	mos clery	c fray	porto-c	
PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPS
3 Diabetes	Mellith	0.		YES NO [
206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 1B.)	
2	6-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (Stot
Hour o. m. While of work		ciory, street, office blag., etc.		
21. I certify that (I) (this hospital) attended	ed the deceased from	1940	- 10 C/2/V,	1964, that (I) (we) la
saw the deceased glive an afril 1	2 19/00, and that a		M. fram the causes and	an the date stated abov
220. SIGNATURE AND CO)			22b. DATE
10 Dlineisk		M.D. PHYS.	ED. STAFF RECTOR PHYS.	1 Lyne 10379
22c. PHYSICIAN'S BB. KNEIS	LEY.	148 W. W	ashington St. +	togerstown low
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, of	county) (Stote)
Burial 4/18/60	Mt. View Ce	metery S	harnshure Wa	sh Co Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'	D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
Andrew K. Coffman Hag	erstown Md.	DATE AS	R 20'60 Cut	thun S. Heard

TO HOSPICACOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 parts after death. Page may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in (by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remave garboa papers. Pages 1 and 2 shauld be filled withe State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours offer death.

VR A1S (4) 1SM 9/59

after death. Page 4

	12 C103
Line 6 A Frommet Lizh	A 10 to person of the great ordinate in
file and the second	
DEFENDE TO A PROPERTY.	
ASS to the first of the late.	want made a language
	valviich zerset
	etti. enok line on
	AND MALE BOOK OF THE TOP TO SERVICE AND THE SE
the result of the second	The Report of the American

TO FUNEX TO HOSP!

VS A15 (4) 15M 10/57

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 5110

5087

	J						Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	Washingt	on	MARYL		2. USUAL RESIDENCE (WHO O. STATE Pa.	ere deceased lived. If b. Co	institution: Residence	before admission)
RURAL and give ne	f outside corporate limits carest lown) Cascade	, write	6 Days	N 16	c. CITY OR TOWN (If o	outside corporote limits,	write RURAL and gi	ve nearest town) 7.5 x-3
OR INSTITUTION	At (If not in hospitol, gi Hawn Conv.				d. STREET ADDRESS	5 S. Potoma	c St.	e. IS RESIDENCE ON A FARM? YES NO D
NAME OF DECEASED (Type or print)	firs Rut.h		Middle Viols	9	losi Rossman	4. DATE OF DEATH	Month April	Doy Yeor 15. 1960
. sex Female	6. COLOR OR RACE		IED NEVER MARRIE	D □ B.	DATE OF BIRTH 12/30/1900	9. AGE (In lost birt	years IF UNDER 1	YEAR IF UNDER 24 HRS Doys Hours Min.
Oo. USUAL OCCUPATION during most of work House Wi	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	Venton,	or foreign country) Pa.	12. CITIZ	S.A.
3. FATHER'S NAME	- D-17				14. MOTHER'S MAIDEN N			
5. WAS DECEASED EVER	s Belles	EC2 114	SOCIAL SECURITY NO	17 1616	ORMANT	Hummel	Address	
	It yes, give war or dates of se		SOCIAL SECURITI NO.	3.00	ter F. Rossi	man, 415 S.		, Waynesbor
Conditions, if or gove rise to in couse (o), stoting I lying couse lost.	the <u>under-</u> DUE TO							
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)					OT RELATED TO THE TERMI			1(o) 19. WAS AUTOPSY PERFORMED? YES NO [
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in f	Port 1 or Port II of item	1B.)	
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yea 19	20d. It While of worl	Not while	20e. PLAC factor	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or town)	(Co	ounty) (Stole
actual SIGNATURE	at I attended the I-Office Robert A. K	. 126	Pherofue		o. Blue Re		uses and an the rown, state)	
REMOVAL (Specify) Burial	N, 226. DATE THEREON		22c. NAME OF CEMEN				Township,	(Stote) Luzerne Co
3. FUNERAL DIRECTOR'S	SIGNATURE	15	1 Janne	2/2	24a. REC'I	APR 1 8 '60	o. REGISTRAR'S SIGN	

	Section 1. Company of the Company of	YA DEPUTSED			
		of trees.			
		THE TOTAL	FARMET PRO		
			150		
					PERSONAL PROPERTY.
				M. M. O.	17
					4
	119-04	A. W. G. Ser			
	EN STATE SOUTH				
		arrest to the			
		1			
and the state of t					
				-	
Plate Stab Self - S firm spates will seen A. M.)					
Problem Street Control of the Australia					
				15 . 2100	
THE STATE OF STREET					

U5088

o. COUNTY Was	Washington MARYLAND OSTATE Maryland O				
b. COUNTY Washington MARYLAND b. COUNTY Washington c. CITY OR TOWN; (if outside corporate limits, write RURAL and give nearest flown) Hagerstown Md. 20 days Rural Sharpsburg Maryland d. STREET ADDRESS GR. NISTITUTION ASHINGTON COUNTY Hospital Middle First Middle Mitte Middle Middle					
RURAL and give neg	rest town)				
nagerstown	1 PIQ.		+	larpspurg mar	
OR INSTITUTION			/	. M.	ON A FARM?
washington	county nosp	ıtaı	nural Sha	arpsburg Ind.	YES NO
			-	OF .	
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		
			Dec. 6 188	4 75 yrs.	Months Pays Hours Min.
10a. USUAL OCCUPATION	I (Give kind of work done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	F	arm	Sharpsbu	rg Md.	U.S.A
13: FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John D.	Remsburg		Emma H	agerman	
			4.0		
9.7		19 36 2603 M	r. Paul Hou	lette Sharpsl	burg Maryland
18. CAUSE OF DEAT	1 [Enter only one couse per li				INTERVAL BETWEEN
		Pulmonary	embolus & in	nfarction	0 7
540		2 4447021443	00000		- Cays
Conditions if on	Po	stoperative	emboli from	n deep pelvic	veins 1 week
gove rise to im	mediate (D COP CL CC CL C	0.000 22 22 0.	- doop pozite	7 (02.11)
	e under Ga	strectomy f	or bleeding	stomach ulce	er 2 weeks
	/ (c)				
Seve	_		THO RECITED TO THE TERM	THE DISEASE CONTINUES OF SITE	PERFORMED?
			RED. (Enter noture of injury in	Part I or Port II of item 18.)	1000 100
OR CONTRIBUTING E					
20c. TIME OF INJURY					(County) (State)
p. m.					
21. I certify tha	t I attended the deceas	ed fram April	2 , 19 60, ta A	oril 21 160,	hat I last saw the deceased
alive an Apr	1 20 / 19	60 , and that/deat	h accurred a 2:40	M, fram the causes and	on the date stated above.
71	1/2 / 1/	Cl. V.			
ACTUAL SIGNATURE	www 19 -	Show	M.D. Sharps	sburg, Md.	4/22/60
PHYSICIAN'S NAME (Type)	Walter H.	Shealy M			
220. BURIAL, CREMATION		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or	r county) (State)
Buff 181 (Specify)	April 23-60		emetery	0.	Maryland
23. FUNERALIDIRECTOR'S		And ADDRESS			TRAR'S SIGNATURE
Clibert	Leof Will	compport/	Rosyland DATE A	PR 2 REGISTAR 246. REGIST	Court 10: 1 comme

VS A15 (4) 15M 9/5B

HEDON:		DELL CERTISE		
Manufacture M	Description		arai tageon	
his y	Aurel Standard Co		.Pl. prog	
X III	Harry accounts the second to the second the second to the second the sec			
obe Is	Roylette Per verl	auif	Lietai -	
	100. 6 1880 /5			g.1758
4.5.W	. It was a see that	the second	251	
	Boreway		nuders.	min's
Sinffied - your	r. P. W. Moulette 8 stgs	219 36 2603	oll	·07
a vetne 1 week	iving queb dor't fleche	Pestopentalve		
			Letter eyer:	
10 10 10 10 10 10 10 10 10 10 10 10 10 1		And the second state of th		
Man grati	Ington Paryland Mandage and Analysis of the same of th			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5045

CERTIFICATE OF DEATH

Reg. Dist. No.

- 1-					e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) ATE FATH April 6, 1960 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Yes Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address Address Address Address Ann, Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH ONSET A	
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	ngth of stay in 1b	c. CITY OR TOWN. (If or) Hagersto		URAL and give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address OR INSTITUTION 395 Key Circle	s)	d. STREET ADDRESS 395 Key	Circle		ON A FARM?
	3. NAME OF DECEASED (Type or print) Frances C8	Middle atherine	Shannon	OF	/	
	s. sex female 6. COLOR OR RACE 7. MARRIED MIDOWED 1	NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 5, 19	ong (est birthdoy)		
		ting mill	Hagersto	own, Md.	12. CITIZEN O	F WHAT COUNTRY?
1	George H. Wellir	nger	14. MOTHER'S MAIDEN N.		ious	
	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Mar. no. or unknown) (If yes, give war or dates of service) 214-0	/ .	NFORMANT Sames G. Sha			Md.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. DUE TO DUE TO (b) DUE TO	ELINIAN OF THE	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	4.74	9. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED 20e. PL/	D. (Enter noture of injury in P	20f. (City or town)	(County)	7
		ot while for	tory, street, office bldg., etc.			
	21. I certify that I attended the deceased from alive an analysis of the state of the deceased from alive and analysis of the state of the deceased from alive and analysis of the state of		accurred at 1946 b M.D. 230 N	//		stated abave.
	REMOVAL (Specify)	NAME OF CEMETERY O	r CREMATORY emetery	22d. LOCATION (City, town, Hagerstown,	or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son,	Hagersto		P 1 1 '60	TRAR'S SIGNATU	

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 the safer death. Page 4 may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB

	1.51		norallous P
II.	Tr gereson	e 1 ^ 1.	in geratewa
0.002	YEAR ERE		alocati del 198
	dominals	onicanoso	and Piones
15 62	March 1, 19		evilted appoint
. 4	ioženesti.	Lite galering	Telbor
4.		#WALLED	. II angreat

amon, Hegerororn, Md.

Transmit Margarage

scott r . thantob & Don, Hagerstown, Ed.

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

U	5	0	9	0
				20

	5.6	L.C.	CERTIFI	CAIL	OI DEATH					
1. PLACE OF DEATH o. COUNTY	ashington	30	MARYLA		USUAL RESIDENCE (WHO ISTATE Mary)		d lived. If institution b. COUNTY		before adm	
b. CITY OR TOWN (If a RURAL and give near Hagerston	rest town)	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o	utside corpo agerst		URAL and give	nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION Washington	L (If not in haspital, gi				/d. STREET ADDRESS 805 Sales	m Ave.			ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	CHARLES	1	Middle ED GAR		Last S INN	4. DATE OF DEATH	April	th	Day 14	Yeor 19 60
s. sex male	1 11	7. MARR	DIVORCED		une 10, 1880	0	9. AGE (In years lost birthdoy) 79 yrs.	Months Do	YEAR IF UN	7
occupation during most of working Shoe Make:	(Give kind of work d ng life, even if retired) I	one 10b.	KIND OF BUSINESS OR	INDUSTRY	Harrisbur				OF WHA	T COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
	John H.	Sim	n			Clark				
S. WAS DECEASED EVER Yes, no, or unknown) (If	IN U. S. ARMED FORC yes, give war or dates of sea	rvice)	SOCIAL SECURITY NO. 14-28-6156	17. INFO	Sinn	Hag	erstown,		and	
	H WAS CAUSED BY: MMEDIATE CAUSE (o), DUE TO	Pe	ritonitis	Dive	rticulum (of si	gmoid			BETWEEN ND DEATH 2.78
gave rise to im couse (o), stoting the lying couse last.	mediote DUE TO (c)									
S Art			c Heart D						PER	FORMED?
20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (I	Enter nature of injury in	Port I or Par	t II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Doy, Yea	r 20d. It While at war	_ Not while _		OF INJURY (Home, farm y, street, affice bldg., etc		or town)	(Cou	nty)	(Stote
saw the decease			led the deceased fi 141960, and t		0 - 4	_				
220. SIGNATURE) Jugmer	_		M.D	PHYS. DI	ED. RECTOR [22b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	V. T. Lay	man	M.D.				ofession town, Ma		_	ldg.
23a. 8URIAL, CREMATION REMOVAL (Specify) Burial	4/18/190		23c. NAME OF CEMET Rest Haven				TION (City, town,	or county)		orand
24 FUNERAL DIRECTOR'S Suter - Rous	SIGNATURE Zer Funera				25a. REC'	D 8Y REGIS	TRAR 2Sb. REGI	STRAR'S SIGN	ATURE	

Hagerstown, Md.

in ay the funeral director, and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. ned by the haspital ar attending physician. may be VR A1S (4) 1SM 9/S9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

Term | State of the Community of the Com Alchain ic empoissed your all direct attention load Plagra March allege and the Park and the Park and the same and t . Told of the function to the control of Market, I. Lagrida, I. .. Designation . Designation Selection of the select and Lorent Direct • 6

制

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5119

65091

1. PLACE OF DEATH O. COUNTY WASHI	NGTON	MARYLAND	2. USUAL RESIDENCE	(Where deceas	ed lived. If Institu b. COUNT		before admission)
b. CITY OR TOWN (If outside and give nearest town) RURAL CLEAR		c. LENGTH OF STAY IN 16 38 YEARS	RURAL CLE	If outside corp		RURAL ond giv	re nearest lown)
d. NAME OF HOSPITAL OR MUMMERT ROAD	R INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS MUMMERT	ROAD			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JAMES First	BLAINE S	ITES Lost	4. DATE OF DEATH	Mont	h 14	20y Yeor 1960
	בויות ד	ARRIED NEVER MARRIED 8. OWED DIVORCED N	DATE OF BIRTH OV. 13,1889		9. AGE (In years 701 birthday) yrs,	IF UNDER TYE	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Gi during most of working life, LABOR	ive kind of work done even if retired)	106. KIND OF BUSINESS OR INDUSTRI FARM	PENNA.	e or foreign o		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME GEORGE F. SI	TES		14. MOTHER'S MAIDEN ALBERTA K		Z		
15. WAS DECEASED EVER IN 1 (Yes, no. or unknown) (II yes,	U. S. ARMED FORCES? give war or dates al service)		FORMANT ELIZABETH	SITES	CLEAR"	SPRING,	RT 2, MD.
Conditions, if ony, w gove rise to immediate or (a), storing the underly couse lost.	guse DUE TO (c)	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NNAL DISEASE	CONDITION GIV	EN IN PART I	alla WAS AUTOPSY
PART II. OTHER SIG		CRIBE HOW INJURY OCCURRED. (En					PERFORMED? YES NO
	Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC While Not while foctor of work of work	E OF INJURY (Home, farrry, street, office bldg., etc	n, 20f. (City	or town)	(County)	(Stote)
		he remains described aboves Accident , Suice		XAMINER C	determined c		DATE SIGNED
220. BURIAL, CREMATION, 221 BURIAL (Specify)	116/60	ROSE HILL	REMATORY	22d. LOCAT	ION (CITY SPRIN	G,MB.	(Stote)
23. FUNERAL DIRECTOR'S SIGN JOHN F. CLARK		PRING, MD.	24a. REC	D BY REGISTE	AR 24b. REGIS	TRAR'S SIGNAT	

VS. A15ME(5) 5M 9/55

or removal.

		NCAL EXAMINERS	
			THE PERSON
	"一个个个个		
	SALARS OF SALARS		A THE RESERVE
10. 12 of Language 10.	or some man in .	APPENDED CONTRACTOR	
			Lastropus conflict
	o negat, (II) vároky ka bijejím s niest. (II) aj aksali (II) aks		cog and community (New Corp.)
			Affair C
		Britage Aller M	
		Andrew College	

05092

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY	
WASHINGTON	MARULAND WASHINGTON	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
110000000000000000000000000000000000000	XMTO I ENIA RUBAL	
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE	
OR INSTITUTION	ON A FARM?	
WASH, CO. HOSPITAL	DODAISBORD MD. K. Z I III NO	
3. NAME OF First Middle	Last 4. DATE Month Day Year	
(Type or print) ELLA NI,		
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of the s	
The business of purposes of	The same of the sa	
TI-TIACE VALUE	110 20 102	
during most of working life, even if retired)	Jakin Dec (slote of foleign contary)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MILLIDAN MAST	HATTIE VACT	
	INFORMANT Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	PE HELEN MASSIE BUNGER AND PO	
1/101 1/20-18-5034 1/10		
Δ .	INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ry Imbolism 5-6 days	
633 V DUE TO		
Conditions if now which)	1.	
gove rise to immediate	A O My	
couse (a), storing the under	1 to 1	
, (0)	will femoral + plane being 3.6 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	
3 Diabetes mellitus	YES NO	
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH		
	Stace OF INITIBY (Home form 1206 (City on hours)	
Hour o. m. While Not while	octory, street, office bldg., etc.)	
p. m. 19 of work of work		
21 I certify that (I) (this haspital) attended the deceased fram	adril 17 1960 to abr. 20, 1960 that (1) (we) lar	
Λ	11 sh.s.	
The second second	ATTENDING MED STAFF A SIGNE	
y, a starfer	M.D. PHYS. M DIRECTOR PHYS. L U.S. 22 1960	
NIAME IT I A A	22d. ADDRESS	
MARIAND NAME OF LOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A. C. ENSTINA OR WEEK OR INSTITUTION OR WASH CO. HASPITAL ONE WEEK OR INSTITUTION A. STREET ADDRESS OR INSTITUTION OR INSTITUTION OR WEEK OR OR INSTITUTION OR OR INSTITUTION OR INSTITUTION OR OR INSTITUTION OR INSTITUTI		
D. CITY OR TOWN If contrible corporate limin, write RURAN OR STATE PLAND D. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. CITY OR TOWN If contrible corporate limin, write RURAN and give nearest form) D. C. DATE OR D		
(Specify)	000000000000000000000000000000000000000	
2017-11-01-0		
1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MD. Chilling & House	
Jam 1 . Vienes 100/1/3/30/20 11	DATE APR 25 09 CIMMIN 2. MANUEL	

after death. Page 4 by the funeral directar, is 2 should be filed with

ond

TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 powers by the bospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event. VR A15 (4) 15M 9/59

provided the total and The state of the s 19 大学 TANKE THE THE TOTAL TO BE TO was a state of the second William Charles

and 2 should be filed with

after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	-		-	
2		43	43	43
- 2	. "		14	-
	,5		v	23

5001

	2007	- Caltin 107		
1. PLACE OF DEATH O. COUNTY MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PURAL and give nearest town) A. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 3. NAME OF DECEASED (Type or print) S. SEX C. COLOR OR RACE T. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED A. DATE OF DEATH DIVORCED DIVORCED DIVORCED DIVORCED A. DATE OF DECEASED (Street ADDRES) A. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED A. DATE OF DEATH DIVORCED DIVO				
			MAISULAND WASHINGTON	
		te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	1200NS130RD	4 WEEKS	X LOCUST CROVE, KURAL	
	d. NAME OF HOSPITAL (If not in hospitot, give str	reet oddress)	d STREET ADDRESS e. IS RESIDE	NCE RM?
		2. USUAL RESIDENCE (Where decoased lived. If institution: Residence before admission) b. COUNTY WASHINGTON A REVIEW OF TOWN If no hidde corporate limit, write c. LENGTH OF STAY IN 10 b. COUNTY A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A REVIEW OF TOWN If no hidde corporate limit, write RURAL and give necessal form) A RURAL AND A		
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND NAME OF MONNIE durinds corporate limits, write c. LENGTH OF STAY IN 18 B. CITY OR TOWN (If united corporate limits, write c. LENGTH OF STAY IN 18 B. CITY OR TOWN (If united corporate limits, write c. LENGTH OF STAY IN 18 B. CITY OR TOWN (If united corporate limits, write c. LENGTH OF STAY IN 18 B. CITY OR TOWN (If united corporate limits, write and in the corporate limits, write RURAL and give necessal form) JO ANAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF LOST CROVE FIRST Middle Lost J. NAME OF LOST CROVE FIRST Month J. NAME OF LOST CROVE FIRST Month J. NAME OF LOST CROVE FIRST Month J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF LOST CROVE J. NAME OF LOST CROWE J. NAME OF LOST CROWE				
	17	FDNA S		60
S.	SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2	4 HRS
-	FEMALE WHITE WIDE	OWED DIVORCED		Min.
10	. USUAL OCCUPATION (Give kind of work done)	10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU	NTRY
2	4)/44600	AT HAME	LACUST GRAVE WASH CAMO U.S.A.	
13.		TI III GGI		
	AIBERT	SMITH	SAPAH GRIMM	
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		
(a)	(If yes, give war or dates of service)	NONE M	IRSIAVEL STEEL KAHRERSVILLE M	D
	18. CAUSE OF DEATH Enter only one couse po		INTERVAL BETW	DWN (If outside corporate limits, write RURAL and give nearest town) ST CROVE RURAL ORAS EIRSUILLE MD. R. VES NO MA FARM? YES NO MAIN STEPL HOURE 1 FUNDER 1 FEAR IF UNDER 24 HRS IF UNDER 1 FEAR IF UNDER 24 HRS NO MAIN DAY, TO RO VE WASH, Co. M. D. V.S. A. MAIDEN NAME ART FAILURE 1 Year THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO NO INJURY IN PORT 1 OF PORT 11 of item 18.) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY YES NO INJURY IN PORT 1 OF PORT 11 of item 18.) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY YES NO (County) (Stote) MED. STAFF DIRECTOR PHYS. APTIL 4, 1960 STAFF DIRECTOR PHYS. APTIL 4, 1960 THE SIGNED T
	PART I. DEATH WAS CAUSED BY:	and branch is a second of	DED ARTEROSLEROS ONSET AND DE	ATH
	e d more	1		
Н	750.0	CONCECTIL	VE HEART FAILURE 17ean	
	gove rise to immediate	201 102110	1-11-11	-
	conse (o)' storing the fudel.			
7	, (4)			
é			DEDECOMME	OPSY ED?
	FORU	LENI C1,51	YES N	0 🗆
CERTIF	OR CONTRIBUTING TI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	RED. (Enter noture of injury in Port I or Port II of item 1B.)	
N S		d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stote
AED!	10		octory, street, office bldg., etc.)	
~	F		0. 706 10 50. Ahio 3 10 60 11 111	
	saw the deceased alive on	Telly 00, and that		
	Joseph Te	envar-		
	NAME (Type)		22d. ADDRESS 21 North Main St.	
	Joseph Seco	ondari, M. D.	Boonsboro, Maryland	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		
1	DEMOVAL (Specify)	THO MT. 7 ION @)
24	FUNERAD DIRECTORISISIGNATURE	ADDRESS		
1	John W. Bast 1	DOONSBORD 1	MD APR 7 '60 011-04	

may be held by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSP VR A1S (4) 1SM 9/59

		A STANSON		
KUC SELECTION		Market St.		
	STATE AND ADDRESS OF			
Bridge To St. p. N. D. 19 -		4 1 2 1 8 2	The Bridge promise	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delative necessary, please execut.

4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for your files.

70 FUNRAL DIRECTOR: Page 3 should be used as a burial-transit perput. Fin pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remaval, and/in any event within 72 hours after death.

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	15	194
Reg.		

5120 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH Reg. Disf. No.
I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY WASHINGTON MARYLAND	O. STATE WAR WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
ond give regrest town)	V 0 00 0
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	JEAVER UREK - KURAL 1 d. STREET ADDRESS 1 e. 15 RESIDENCE
2 - 2//	ON A FARM?
3. NAME OF First Middle	HAGERSTONIN MD. R.I. IYES NO D
DECEASED	Lost 4. DATE Month Day Year
(Type or print) AUMOND, OLEVELAND.	DMITH DEATH APRIL- 17 1960
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS loat birthday) Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED V	FEB.21-1933 27 yrs. 126
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
LABORER SOUTHERN PACKING COMPAN	V HAGEISSTOWN WASH, CO. MID. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RAUMAND C. SMITH SR	ALICE WEAVER
	INFORMANT Address
	RS. SHIRLEY SMITH. HAGERSTOWN MD.R.I
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) Fracture Skull Fracture Cervical	Vertebrae
DOE 10	
Conditions, if ony, which gove rise to immediate couse	ft & Right
(e) stating the underlying DUE TO	D. U. O.D.
	Rt. Humerus & Radius
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (CAUSE OF DEATH).	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO TO
200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAUSE OF DEATH. Speeding car left.	road crashing into tree.
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 120f, (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PAR Hour own 1-17- 1960 of work of work St. 2	tory, street, office bldg., etc.); te R # 31 Sharpsburg. Wash. Md.
21. I certify that I taok charge of the remains described abo	
opinian death resulted fram: Natural causes , Accident	X, Suicide , Homicide , Undetermined manner
ACTUAL & SOLO ST	DATE SIGNED
SIGNATURE / CCU Z JUNG	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER [] 4-19-60
NAME (Type) Dr. E. W. Ditto, Jr.	DEPUTY MEDICAL EXAMINER 🔽
220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
BURIAC APRIL 22 1960 KOSE HILL	BEMETERY HAGERSTOWN MO.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Jalu W. Bast. BOONSBORO MD.	DATE APR 22'60 arthur S. Kraus

ALCOHOLOGICAL PROPERTY OF THE PROPERTY OF THE PARTY OF TH There are a product and the value of the last of the l 11.5 ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1,5095

	41.3 million		ŀ
1	36	1	l
1			L
1		/	ı

ond 2 shayld be filed with

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be and by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

	5048 CERTIFICATE OF BEATT
	ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
a.	COUNTY MASHINGTON MARYLAND . B. COUNTY ASHINGTON
b.	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	HALLEITSTOWN FORVER COM A SMITHSBUCG
d.	NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	WASH. Co. HOSPITAC 168,5. WAIN ST. YES INO
Di	AME OF First Middle Last 4. DATE Month Day Year OF OF OF OF
	ype or print) A A A A A A A A A
5. SE	6. COLOR ON RACE Markiel Never Markiel B. Sale of Brithday Manths Days Hours Min.
	MACE WITH WIDOWED DIVORCED SEPT. 2-1810 84 yrs. 7 13
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life-even if retired)
K	ETIRED RAILWAY MAIL CLERK WILLIAMSTORT MV 1 (15)
13. F	ATHER'S NAME
	SIMON P. SNUDER WARY VIRGINIA LEFEVRE
15. V	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address One, os uspinown) [If yes, give wor or dates of service)
(105,	no. or, ugknown) (If yes, give wor or dates of service) NONE . GEHR W. SNUDER SMITHSBURG MD
T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: Antennal enjoyee Condious goulden Dicons
	DUE TO
	Canditians, if any, which again to immediate (b).
	cause (a), stating the <u>under-</u> DUE TO
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TIO	FERFORMED
<u>\$</u>	YES NO [7]
~	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State)
MEDICAL	Haur a.m. While Nat while factory, street, affice bldg., etc.)
	p. m.
1	21. I certify that (i) (this hospital) offended the deceased from
	sow the deceosed olive on 4-15-50 19 , and that death occurred at 5M From the causes and on the date stated above
	ATTENDING MED STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type)
	Charles F. Hess, M. D. Smithsburg, Md.
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
1	TURLY APRIL 18-69 SMITHSBURL CEMETER SMITHSBURG MD.
24.\	UNERAL DIRECTOR'S SIGNATURE 250. REGISTRAR'S SIGNATURE
	DOONSBORD IN P. DATE APR 22'60 Costing & thous
	THE PARTY OF THE P

SOCO CERNIFICATE OF DIATH AT LOCK TO A STATE OF THE STATE OF THE PARTY i i

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5049 CERTIFICATE OF DEATH

5049

65096

=		0.0											
	o. COUNTY Was	hington		MARY	LAND	Talyland washing oon							
	b. CITY OR TOWN (I RURAL and give no Hagerstow		write	c. LENGTH OF STAY	IN 1b								
	OR INSTITUTION	TAL (If not in haspitol, give County Hoa)	1			d. STREET AD		Hill A	ve.			e. IS RESIDENCE ON A FARM? YES NO K	
6.3	NAME OF DECEASED (Type or print)	DECEASED		Middle EDGAR		Lost SNY	DER	4. DATE OF DEATH	April	nth	_ 0	Doy Yes 16 19	
0,	male	6. COLOR OR RACE	MARRI			une 21,	1891		9. AGE (In years last birthdoy) 68 yrs.	Manths Manths		Hours Hours	R 24 HRS. Min.
	Oa. USUAL OCCUPATION during most of work Lawyer 3. FATHER'S NAME	ON (Give kind of work do king life, even if retired)	10b. I	KIND OF BUSINESS O	R INDUST		boro	, Mary			S.A.	F WHAT C	OUNTRY?
		1 14 111 0	,			14. MOTHER 3 M							
1		ob Martin S		***	17 INI	ORMANT	ELIa	Hilde	brand	ress			
,	(Yes, no, or unknown)	(If yes, give wor or dates of ser W.W.I	rice)	12-38-9001		s. Vera	Snyd	er	Hagerst		Mar	yland	i
	Conditions, if o gove rise to i cause (a), stoting lying cause last. PART II. OTI	mmediate (Itypen tu	u sw	r cadi	o ras				ART 1(0)	PERFO	RMED?
	OR CONTRIBUTING	AS UNDERLYING 2 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of	injury in l	Part I or Port	II of item 1B.)			IES [NO [2
	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year	While	Not while at wark	20e. PLA foct	CE OF INJURY (H ary, street, office	ame, form bldg., etc	20f. (City	or town)		(County)		(Stote)
1	saw the decea	at (1) (this haspital) sed alive an		ed the deceased 161960, and					4 – the causes at			e stated	abave.
	22a. SIGNATURE	John It Ho	ni C	a liver	- N	ATTENDING PHYS.	DI	RECTOR	STAFF PHYS.	t on C	£	221	b.DATE SIGNED
	NAME (Type)	John H. Hor		cer, M.D.		ADDRES		.54 W. lagerst	Washing cown, Md.				
-	230. BURIAL, CREMATIC REMOVAL (Specify) Burial	23b. DATE THEREOF		23c. NAME OF CEM					ION (City, town, sboro		M	(Stat	
1	Suter - Ro	uzer Funera	L Hor	ne Hagersto	own,	Maryland		BY REGIST		STRAR'S			

VR A15 (4) 1SM 9/S9

THE MANAGEMENT OF THE PARTY OF

VR A15 (4) 1SM 9/S9

MARYLAND	STATE	DEP	ARTMEN	NT OF	HEAL	.TH
VISION OF STATISTICAL	RESEARCH	AND	RECORDS -	- BALTIN	ORE 1,	MARYLAND

CERTIFICATE OF DEATH

u5097

	50	50	CERTIF	ICATE	OF DE	ATH			(/0	1,0,		
1. PLACE OF DEATH a. COUNTY	ashington	MARYL		o. STATE	tution: Residence before admission) NTY Washington							
	f outside corporate lim	its, write	c. LENGTH OF STAY I	N 1b	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
OR INSTITUTION	on County				d. STREET ADD		lve,		- 10			FARM?
3. NAME OF DECEASED (Type or print)	NAME OF First DECEASED (Type or print) HOWARD				Lost 4. SOCKS		4. DATE Month OF DEATH April			19	Day Year 9 1960	
s. sex male	6. COLOR OR RACE White	7. MARRII	DIVORCED	- IA	ugust	19	913	9. AGE (In years lost birthdoy) 46 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HRS Min.
Odd Jobs 13. FATHER'S NAME	DN (Give kind of work king life, even if retired	done 10b. K	IND OF BUSINESS OF	1	Hagers	stown	n, Mar		12.CI	U.S		COUNTRY
	Albert Soci		OCIAL SECURITY NO	17. INFO				E. Shanks				
	(If yes, give wor or dates of		OCIAL SECURITY NO.		orge P.	Sock	cs	Hagersto		Mary	land	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (o) O	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO TH	HE TERMIN	NAI DISEAS	SE CONDITION GIV	VFN IN PA	RT 1(a)	I9. WAS	AUTOPSY
200. ACCIDENT WA	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY O								PERFC YES	ORMED?
20c. TIME OF INJUR Hour o. m. p. m.		While	JURY OCCURRED Not while of work	20e. PLACE foctory	OF INJURY (How, street, office bi	me, farm, ldg., etc.	20f. (City	y or town)	/	(County)		(Stote
	figo	49	619 and	that dea	ATTENDING PHYS.	ME	Ector -	the causes ar	A an th	HA A	Stated	(we) las d above state signed
230. BURI L, CREMATIC REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR Suber-Rouz	4/21/19	60 Home	Rose Hill ADDRESS Hagerstown	L Ceme	etery	50. REC'E		ron (City, town, cerstown, TRAR 25b. REGIO	STRAR'S S	Ma		

and the parties of the second section of the second section of the second secon mana 2 . The himself of the second of the se .

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

VS A15 (4) 1SM 9/58

	0	
0	V	
11	M	
1	7	

					Keg. Dist. 140.				
1. PLACE OF DEATH	hington	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl	here deceased lived. If institution b. COUNTY					
	hington		7	·	Washington				
RURAL ond give	(If outside carporate limits, w nearest town) *Stown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) O3 Hagerstown						
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give :		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Jackson	Convalesce	ent Home	100 1	ast Ave.	YES NO				
3. NAME OF DECEASED (Type or print)	Mary First	Elizabeth Sp	ielman	4. DATE Month	Day Year 1960				
5. SEX Female		MARRIED NEVER MARRIED DOWED DIVORCED		9. AGE (In years last birthdoy) 78 yrs.	Months Doys Haurs Min.				
		None		or foreign country)	12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME		2.020	14. MOTHER'S MAIDEN						
Samue	el C. Spielm	an	I	da Miller					
15. WAS DECEASED EV Yes, no, or unknown)	VER IN U. S. ARMED FORCES' (If yes, give wor or dates of service)	1	informant rs. J. E. R	oush Cleve					
Conditions, if gave rise to couse (a), stoting lying couse lost	immediate DUE TO (c)	cerebul a	them books their Gise Farer och		syr				
CATIC	THER SIGNIFICANT CONDITION	ons <u>contributing to death</u> bu	I NOT RELATED TO THE TERM	final disease condition give	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTION	NAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item 18.)					
20c. TIME OF INJU Hour o. m p. m	10		LACE OF INJURY (Home, for octory, street, office bldg., et		(Caunty) (State				
ACTUAL SIGNATURE	Schwan Ci	19 60, and that deat	M.D. 217 W	M, from the causes and ADDRESS (Street, city or town, s . Washington					
NAME (Type)	Edward W.			erstown Md.					
BUTTAT	22b. DATE THEREOF (4) 4-25-60	Rose Hill		22d. LOCATION (City, town, o	a Md.				
23. FUNERAL DIRECTO	Minnich & S	on Hagerstown	240. REC	D BY REGISTRAR 246. REGIS					

no faminant to Longrand and an annuolid The table of Land and the same for the same Ave. which Darry ES Tites The maniety accessing that Mone de Mone de Marchand de Ma TOTAL TABLE TO MANAGE THE PROPERTY OF THE PARTY OF THE PA chale to 10 - Repost . C. . and - - -2.400 te no restaurant in the same and the same on st. has necessarily the second of Casa awaystage | teached like seat | to-da-a linguing Bould F. Minnich & Gon Dagorstons at.

VS. A1SME(5) 5M 9/55 10

M

5	MARTIA MED	ICAL EX	AMINER	'S CERTII	FICAT	TE OF D	EATH	Reg. Dis	509	108			
1. PLACE OF DEATH G. COUNTY Washin	gton		MARYLAN	o MAY	land		la bhoth	gton					
and give nearest to	Ilf outside corporate limits, write RU wn) erstown	c. LEN	D. O. A.	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown								
	ounty Hospi	d. STREET	ADDRESS	eorge			0	RESIDENCE					
3. NAME OF DECEASED (Type or print)	First AT, TON	LEE	Middle S'	TEWART		4. DATE	Mont	17 19	Day	Year			
5. SEX Male		MARRIED N	DIVORCED	8. DATE OF BIRTH		9.	AGE (In years out birthday)	Months D	YEAR IF UN	NDER 24 HRS.			
during most of work	IION (Give kind of work don king life, even if retired) ONIOS		BUSINESS OR INDU			or foreign coun			USA	AT COUNTRY			
	ert Stewart					NAME a Shenl	cleton						
15. WAS DECEASED E	VER IN U. S. ARMED FORCE III yes, give wer or dates of service Korean	ce)		Mrs Anna	а В.	Stewar	Address ct 631		ge St	t			
PART I. DE. 823 Conditions, if gove rise to imm (o), stoting the couse lost.	underlying DUE TO	Fracture Crushed Fracture Fracture	e Skull Chest e Lumbar e Femur,	rt. & 1t.		erstown			Insta	DEATH ant			
200. EXTERNAL CAUSE OF DEATH 200. TIME OF INJ Hour Hour Hour	URY Month, Day, Year 3. 4-171960	DESCRIBE HOW I	NJURY OCCURRED. Car left OCCURRED 20e. p Not while p It work	(Enter noture of in road crass LACE OF INJURY (Incidence, street, office of the road)	ijury in Par Shing Hame, farm bidg., etc.	into ti	tawn)	(Coun	YES T	(State)			
death resulte	that I took charge of the fram: Natural ca	uses [], Add	ccident [4. S	uicide, H	Iamicide		etermined			d find tho			
220. BURIAL CREMATI REMOVAL (Specif Burial	10N, 22b. DATE THEREOF (y) 4/20/60) 22c. NA Ro	ME OF CEMETERY O	Cemete:		Hager	town	Wash	Co M	tote)			
23. FUNERAL DIRECTO	K. Coffmai			d.		D BY REGISTRAL		STRAR'S SIGN					

AP OF CHARLES OF STATE OF THE S \$20 Big Delice \$1 1 200 million (1980) 444 AMERICO (1980) 2014 (1981) 10 12 20 4 TE SUTTON IND TIMES S. SERVICE BE RESERVED TO THE SERVICE BY ALL VINOSTERANCE The bodden was The area was the Plates of the St. St. Salary Person where the about the state of the Steel Historia Morrows many spirit SATE OF THE SAME THE PERSON OF THE VALUE

may be

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
THEM 7 CERTIFICATE OF DEATH

5053

v5100

	1. PLACE OF DEATH G. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence boo. STATE b. COUNTY WASHINGTON	efore admission)							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MARTIN MANOR REST HONG	A. STREET ADDRESS RURAL	e. IS RESIDENCE ON A FARM? YES NO X							
	3. NAME OF First Middle	Lost 4. DATE Manth	Day Year							
	(Type or print) BESSIE N. S	UMAN DEATH APRIL - 6-	19 60							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NIVORCED DIVORCED DIVORC	B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YE Months Day year Ye Ye Ye Ye Ye Ye Ye Y	AR IF UNDER 24 HRS. S Hours Min.							
1	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN	OF WHAT COUNTRY?							
	HOUSE WIFE OWN HOME		S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address								
	(Yes, no, or unknown) (If yes, give wor or dates of service)	ISS M. TRENE BLOOM TILGHMANT	MD.							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN							
Ī	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HOVIA IXTACOTION	Lay							
	420, DUE TO		/							
	Canditions, if ony, which gove rise to immediate DUE TO									
1	lying couse last. Column									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4	19. WAS AUTOPSY PERFORMED? YES NO							
		ED. (Enter noture of injury in Port I or Port II of item 18.)								
		IACE OF INJURY (Home, form, 20f. (City or town) (Cour octory, street, office bldg., etc.)	ty) (Stote)							
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on 100 and that	death accurred a ALAM, from the causes and an the de	that (I) (we) lost one stated above.							
	Pro SCHATURE LOUIS	M.D. ATTENDING MED. STAFF PHYS. D	22% DATE SIGNED							
	Pac. Physician's NAME Lype OK F. YO N. G. M	Defeliant front	My.							
	23a. BUNAL, CREMATION, 238. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) NEAR TILE HIM BAITAN	(Stote)							
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY RECUSTRAR 25b. REGISTRAR'S SIGNA								
	John B. 1200 1200NS130RO	IND. DATE APR 1 2 '60 Children S. 70	Latte							

the maille ground of the AND AND RESIDENCE OF THE PARTY STANDS OF THE PARTY STANDS BOTH TWANTED AND SERVICE OF THE William The English and the Control of the Control The Merch Still So Of English Son The second secon

MARYLAND STATE DEPARTMENT OF HEALTH

Hagerstown,

25a. REC'D BY REGISTRAR

160

25b. REGISTRAR'S SIGNATURE

-			5054	ON OI	CERTIFI	CAT	E OF DEATH	MORE 1, 1	MARIEAND	0210	ă.			
M) :	PLACE OF DEATH	hington		MARYL	1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington							
			outside corporate limit arest town)	s, write	c. LENGTH OF STAY II	ч 16	c. CITY OR TOWN (IF o	outside corpo				n)		
081		OR INSTITUTION	AL (If not in hospitol, gi		address)		/d. STREET ADDRESS 228 Meale;	y Park	way		ON A	e. IS RESIDENCE ON A FARM? YES NO		
	3.				MINNIE		Lost SWINK	4. DATE OF DEATH	April	th	Day Year 1 1960			
	S. S	Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH January 4. 1	901	9. AGE (In years lost birthday) 50 yrs.	Months Days		ER 24 HRS. Min.		
(I	1	. USUAL OCCUPATION during most of work Chief Oper FATHER'S NAME	ing life, even if retired)		KIND OF BUSINESS OR elephone Co.	INDUST	Hagerstown 14. MOTHER'S MAIDEN N	n, Mar		12. CITIZEN		OUNTRY?		
	/		N. Boger			T 1618		beth F						
			R IN U. S. ARMED FORG If yes, give wor or dates of se	rvice)	12-10-0096	- 1	ormant 6. Peter H. 1	Priest	Hag en	rstown,	Mary!	land		
			TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which mediate the under: DUE TO	H	ine for (o), (b), ond (c).] Heart Fail Hypertensi		Cardiovasc	ular	Disease	0	ITERVAL BI	TWEEN DEATH		
0	CATION										o) 19. WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port I or Por	t II of item 1B.)					
	MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yeo	While	Not while		E OF INJURY (Home, farm ry, street, office bldg., etc		or town)	(Caunt	у)	(State)		
1	187		t (1) (this hospital ed alive an Ira		ded the deceased f		ATTENDING _ M	M, fram		, 19 .60 , and an the da	te stated			
0	1 .	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	N, 23b. DATE THEREO		23c. NAME OF CEME				TION (City, town,	or county)	(Sto			

Hagerstown, Maryland

ADDRESS

24. FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Funeral Home
R. Franklin Forger

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to buriol, crematian, or removal, and in any event, within 72 haurs after death. ned by the haspitol or attending physician. TO HOSP

the funeral directar, should be filed with

and 2

after death. Page

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/S9

in private the contract of the state of the committee down AND IN THE RESERVE AND THE RES

ofter death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

v5102

	5	0	5	5
1. PLACE OF DEATH				

	PLACE OF DEATH	ashington		MARYL	AND	- CTATE	ence (whilaryla		lived. If instituti b. COUNTY		hing		ion)
	b. CITY OR TOWN (I RURAL ond give no Hagerston		ts, write	c. LENGTH OF STAY I	NIb	c. CITY OR TO		utside corpor	rate limits, write R WN	URAL and	give nea	rest tawr	1)
	OR INSTITUTION	AL (If not in haspital, g				d. STREET AL 1020 Ge		Ave.					FARM?
	NAME OF DECEASED (Type ar print)	Fir MADELIN		Middle ELIZABE	TH	SWISHER SWISHER		4. DATE OF DEATH	April	th	7		Year 1960
	Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE	B .	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER Manths	1 YEAR Days	Haurs	Min.
0a	. USUAL OCCUPATION during most of work Salescle:	ON (Give kind of work or king life, even if retired)		KIND OF BUSINESS OF	RINDUST			or foreign co	-		S.A		OUNTRY
3.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		9			74-1
	Al.	bert Magaha					Gra	ace Ha	nkey				
317		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 14-09-8455		ormant n A. Swi	sher	Hage	rstown,		ryla	ind	
ATION	Canditions, if a gove rise to i cause (a), stating lying cause last. PART II. OT	mmediate (me	Lastanes CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THETERMI	NAL DISEASI	E CONDITION GIV	VEN IN PAI	RT 1(o) 1	9. WAS PERFO YES	DRMED?
CAL CERTIFIC	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		CRIBE HOW INJURY OF	20e. PLA	CE OF INJURY (H	lame, farm	, 20f. (City	t II af item 1B.) ar tawn)	(County)		(State
MEDI	Haur a.m. p.m.	19	While at wark	Nat while at wark	fact	ary, street, affice	bldg., etc.)					31
	21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (1) (this hospital sed glive on 1 4 Factorial factor	s by	A //	that de	ath occurred ATTENDING PHYS. 22d. ADDRE	ME DI		the causes ar			stated	we)- lass dabove signer
23c	REMOVAL (Specify Burial		/	23c. NAME OF CEME Rest Have					rion (City, town, erstown,	ar county)	Mar	ryla:	
24	FUNERAL DIRECTOR Suter - Ro	uzer Funera	1 Ho	me Hagersto	wn,	Md.	250. REC'I	D BY REGIST	RAR 2Sb. REG	STRAR'S SI	GNATU	RE	

TO HOSP may be VR A1S (4) 1SM 9/59 3100 The state of the s . . . MARKET CONTROL STORES . I MARKET A Commence of the second secon THE GREAT SHEET AND THE COURSE OF THE PARTY OF ii.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

v5103

	5056		CERTIF	ICAT	OF DEAT	Н		0211	13	
1. PLACE OF DEATH	Washington		MARY	LAND	o. STATE Mary		lived. If institution b. COUNTY			sion)
b. CITY OR TOWN (RURAL ond give n Hagerstown	If outside corporate limi earest town)	ts, write	since 10-9	10	c. CITY OR TOWN (ote limits, write R	URAL ond give ne	× - 6	n) 2_
d. NAME OF HOSPI OR INSTITUTION Western Ma	TAL (If not in hospitol, gryland Stat	e Hos	oddress) spital		d. STREET ADDRESS				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Emm	_	ger tru	de .	Talbot	4. DATE OF DEATH	Mon H	th D	20	Yeor 19 60
Female	6. COLOR OR RACE White	7. MARR			8 June 186	_	9. AGE (In years lost pichdoy) yrs.	Manths Days	Hours	ER 24 HRS Min.
during most of wor House-wor	ON (Give kind of work king life, even if retired K	dane 10b.	At Home	R INDUSTR	Y 11. BIRTHPLACE (See Mary.		untry)	12. CITIZEN O	F WHAT C	COUNTRY
Jonathan	Talbott		* + 1		14. MOTHER'S MAIDER Sarah Fra	nces Wal				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		None		L. Talbot		N. Fredet hersburg		•,	
	the <u>under-</u> DUE TO	Jo	e for (o), (b), ond (c). bular arcin	P	neumo a of T		reas	INI ON	SET AND	DEATH Lys
Hyperte 20 Accident W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CALL CAUSE OF DEATH MEDICAL EXAMINER)	rdio	vascul	ar a	TRELATED TO THE TELL SEASE (Enter noture of injury)	Caren	bral to	Uzombos	19. WAS PERFO	AUTOPSY DRMED?
Y 20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	While	Not while of work	20e. PLAC factor	E OF INJURY (Home, for ry, street, office bldg.,	orm, 20f. (City etc.)	or tawn)	(County)	(Stote
	ot (1) (this hospitolised alive anapproperty of the Young E. Co	29			ATTENDING	19.58 to 23.00 from DIRECTOR D		9, 19, 601 d on the dot April 2 Haders 7		
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREC		23c. NAME OF CEM				ION (City, town,		(Stot	te)
24. FUNERAL DIRECTOR M. R. Et	chison & Sc	n, Fr	ADDRESS rederick, M	laryla	200	MAY 2 '6	RAR 25b. REGI	STRAR'S SIGNATI	JRE	

Scalar Manual inches dayland bank pusiyah proces Entered State of Talkott and the 29 miles Touch the state of and destruction Their well of The manufacture of the second The state of the s the great or the court of the month of the court of the c Parties of the company of the company of the company Bealtreak aller level and allo in a state of the state of

TO HOS

VR A1S (4) 1SM 9/59

08

's after death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

DEATH

u5104 302

4	211131011 01	STATISTICAL RESEARCH AIRD RECO
057		CERTIFICATE OF

51

1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institution b. COUNTY Washingt		ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 3 Weeks	c. CITY OR TOWN (If outs	ide corporate limits, write RU	JRAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Wash County Hospital		d. STREET ADDRESS 927 Hamil to		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First (Type or print) WILLIAM	Middle AUGUSTUS	TOBIAS Jr	DATE Mont		
5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years last birthdoy) 81 yrs.	Months Days	Hours Min.
13. FATHER'S NAME	Draft Board	Reading Be	rks Co Pa		F WHAT COUNTRY?
	SOCIAL SECURITY NO. 17. II 4-09-1459 M	Amanda NFORMANT rs Daisy Tob	ias 927 Han		Blvd
PART I. DEATH WAS CAUSE DET I	ne for (a), (b), and (c).	Hagerstow	n Madu	INT	SET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Par	t I or Part II of item 1B.)		
20c. TIME OF INJURY Month, Doy, Yeor While of wor	_ Not while _ fa	ACE OF INJURY (Home, form, ictory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote
21. I certify that (I) (this haspital) attends as the deceased alive an 220. SIGNATURE	11 / /	death accurred at 1,N			hat (1) (we) last e stated abave. 22b. DATE SIGNIO
226-PHYSICIAN'S NAME (Type)	achley	M.D. PHYS. DIRE	CTOR PHYS.		M
230. BURIAL, CREMATION, REMOVAL (Specify) 4/18/60 24. FUNERAL DIRECTOR'S SIGNATURE	Rest Haven Address	Cemetery H	agerstown & Registrar 25b. Regis	arvlan	(Stote)
Andrew K. Coffman, H.	agerstown. M	d DATE OF	0 560 au	ung S. Kraud	4

AND LOSS TO THE PARTY OF THE PA Top hone thank file 1 2 1 Inchese within on a Santor Clara Dente House Heading Dense Do Fa Call TE WELLEN A AMERICAN Evil notitud 7 2 antope vetad and Schi-W-All drings sal besitues as years on the part of sever free covers. AND THE PROPERTY OF THE PROPER s after death. Page 4

requires that the deoth certificate be executed within 24

Then please remave carbon pape

the registrar priar ta buriol, crematian, or remaval, and in any event within 72 haurs after deathy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5053

CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH a. COUNTY b. CITY OR TOWN RURAL and give	Woohingto								
b. CITY OR TOWN RURAL and give	Washingto	n	MARYLAND	2. USUAL RESIDENCE (W a. STATE Md.		finstitution: Residen COUNTY Was			
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Hagerstown 7 hours				c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) rural Smithsburg					
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, ai			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO		
NAME OF DECEASED (Type or print)	Julia	t	Paulding	Towson	4. DATE OF DEATH	Month April	Day Year 11, 1960		
female		7. MARRIED		B. DATE OF BIRTH	9. AGE (1 last bit 81	In years IF UNDER Manths yrs.	TYEAR IF UNDER 24 HI Days Haurs Min		
a. USUAL OCCUPAT		ane 10b. KIN		Huntingto	or foreign country)	12. CITI	ZEN OF WHAT COUNTR		
. FATHER'S NAME	Hiram Pa	uldin	g	14. MOTHER'S MAIDEN	NAME	ia Mulli	gan		
. WAS DECEASED E	VER IN U. S. ARMED FORCE			NFORMANT		Address	-6		
es, no, or unknown)	(If yes, give wor or dates of set	neine!	-34-4195	A. Lee To	owson, Jr	., Lewis	ton, .N.		
Canditians, if gave rise ta cause (a), statin lying cause las	immediate DUE TO	(d arterscle			1thrs. 5 yrs.		
PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	THER SIGNIFICANT COND	OITIONS <u>CON</u>	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDIT	'ION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURRED	D. (Enter nature af injury in	Part 1 ar Part II af iten	n 1B.)			
20c. TIME OF INJU Haur a. m p. m	10	r 20d. INJUI While at wark	Nat while fac	ACE OF INJURY (Hame, fare tary, street, affice bldg., et	m, 20f. (City ar tawn)	((Caunty) (Stat		
	that I attended the	deceased	fram 1-2-60), 19, ta	-11-60	10 that I la	st saw the deceas		

APR 1 4 '60

may be worded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-tronsit permit. TO HOSP VS A1S (4) 1SM 9/SB

OR ATTENDING PHYSICIAN: The law

- medsinidani of home rurel satisfactor nvolatensi furbanch games neinglika Tulia denot sullasi dilut OD a vif fire Tember to the Contract of the and the good, L. U. Modes work tiens willow ... tee Eowann, dr., Maniamen, dr. of the continuous investment of the the

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 is after death. Page 4 may be residued by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after degin.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5059

5106

CERTIFICATE OF DEATH

_						Keg. Dist. No	•
	PLACE OF DEATH a. COUNTY		2. USUAL RESIDE	NCE (Where deceased	B lived. If institution	in: Residence befo	re admission)
	Washington	MARYLAND	Ma	rvland	B. COO!!!!	Washing	rton
		LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	rote limits, write RI	-	
	Hagerstown	-	Route	1 Boones	boro		
	 NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION 		d. STREET AD				e. IS RESIDENCE ON A FARM?
	Washington Cour	ity	Rol	ite 1			YES NO
	NAME OF DECEASED (Type or print) NAME OF Vannie First	Veon (John) Virt	S 4. DATE OF DEATH	4 Mon	th 9 Do	Yeor 60
S. :	Male 6. COLOR OR RACE 7. MARRIED WIDOWED		6-12-1	.906	9. AGE (In years birthdoy) yrs.	Months Doys	IF UNDER 24 HRS. Haurs Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b, KINE	D OF BUSINESS OR INDUST	TRY 11. BIRTHPLA	CE (State or foreign co	ountry)	12. CITIZEN OF	F WHAT COUNTRY?
	during most of working life, even if retired)	ircraft Co		rland		U.S.	Α.
13.	FATHER'S NAME		14. MOTHER'S A	MAIDEN NAME	SCHI	TITING	
	Tales to retaile			m 3 .			
	John R. Virts			Tas	E.Shu		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (If yes, give wor or dates of service)	IAL SECURITY NO. IN	FORMANT		Addr	ess	
,,,,	No No	Mr	s.Ethel	Virts,B	oonesbo	ro Mary	rland
	18. CAUSE OF DEATH [Enter only one couse per line fo	r (o), (b), and (c).]		10	0		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ite coro	lung	Throw	horin	0):	SET AND DEATH
	IMMEDIATE CAUSE (a) TTCL	vie co v	1	··· · · · · · · · · · · · · · · · · ·	1019	-	recei
	420 DUE TO						
	Conditions, if ony, which) (b)	outil h	hy per Teurine 6) can) carn
	gove rise to immediate		01				1
	couse (o), stating the under-						
	lying couse lost. (c)					1_5JD0102	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT I	NOT RELATED TO	HETERMINAL DISEASI	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
5		-1			CONDITION ON	EIT IIT I AKT 1101	PERFORMED?
S	Dieb	EVen Week	eiven			1000	YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	. (Enter noture of	injury in Port I or Por	t II of item 18.)		
AL	20c. TIME OF INJURY Month, Day, Year 20d. INJUR	RY OCCURRED 20e. PLA	CE OF INITIPY (H.	ome, farm, 20f. (City	as town)	(County)	(Stote)
MEDICAL	Hour a.m. While	Not while foch	ory, street, office	oldg., etc.)	or idwing	(County)	(31016)
ME	p. m. 19 of work	of work					
_		· Mannet	060	Aboile	0		
	21. I certify that I attended the deceased	fram. Volume of	1, 1900,	to April	7 , 1900,	that I last say	w the deceased
	alive an April 2 1960	, and that death	accurred at	M. fram	the causes an	d an the date	e stated above.
	0				reet, city or town,		DATE SIGNED
	ACTUAL TO CONTRACT						1 1-0
	SIGNATURE / J CLANCE AND	N	1.D. 21 N	orth Mai	n St.	4	-/11/60
							'
	PHYSICIAN'S Joseph Secondar	i, M. D.	Boor	sboro, M	aryland		
220	BURIAL, CREMATION, 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	TION (City, town, o	or county)	(State)
	BUX1 (Sp1cify) 4-12-1960	Park Heigh		the second second second			
-	21-11- 7 /00				swick, M		
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	RE
	13 En Zula Brunswick	k, Maryland	100	DATE MAY 5 '6	0 0	Chur & Kray	
1	TI MU TILLY				-	- 1 20, 1 VAL	A/AD

and the state of t The state of the s Brade of the State of And the last war a partie of the property of the property of the last of the l

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

200

1,	51	0	7
----	----	---	---

L		302
	1. PLACE OF DEATH g. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence befare admission) STATE DOUNTY
	Washington MARYLAND	Marvland Washington
ſ	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give nearest town) Hagers town 5 Mos	03 Hagerstown
r	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	926 Oak Hill Ave	926 Oak Hill Ave
F	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) SCOTT RAYMOND	WAGNER DEATH April 5 1960 19
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
	Male white WIDOWED DIVORCED	Aug 16 1874 lost birthdoy) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	
ľ	Clergyman Retired	Ickesburg Perry Co Pa. USA
i	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John W. Wagner	Sarah Eliz Eby
Ī	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	FORMANT Address
	Yes no. or unknown) (If xes give war of dates of service) 17-32-6046 Mrs	Lorene Fox Wagner 926 Oak Hill Ave
F	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).}	Hagerstown Md. Interval Between
	PART I. DEATH WAS CAUSED BY:	re Cardio Yase, Desease ONSET AND DEATH
	MMEDIATE CAUSE (a) 443 V DUE TO	7
1	Conditions if new which)	
	gave rise to immediate DUSTO	
1	luing some last	
l	(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	3 answeren of at	donneral Corta - 5 mo. PERFORMED?
н	TO ACCIDENT WAS INDEDIVING ET JOSE DESCRIPE HOW INTIREY OCCUPAND	. (Enter nature of injury in Port I or Port II of item 18.)
1	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING LANGUAGE 20b. DESCRIBE HOW INJURY OCCURRED.	
1		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
I	Hour o. m. While Nat while foctor	ory, street, office bldg., etc.)
ı	21. I certify that (I) (this haspital) attended the deceased fram	
ı		eath accurred at ZAM, from the causes and an the date stated above.
ı	220. SIGNATURE	ATTENDING/ MED STAFF 22b. DATE SIGNED
	Robert ! Courad, UKD M	A.D. PHYS. DIRECTOR PHYS. A
l	22c. PHYSICIAN'S NAME (Type) Robert P. Corregel	22d. ADDRESS + Hagerstoner but
	100011 1. 00111-921	137 W. Washington 1 100, mai,
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 23d. LOCATION (City, town, or caunty) (Stote)
	Burial 4/8/60 Hummelstown Co	emetery Hummelstown Daophin Co Pa
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	Andrew K. Coffman Hagerstown Md.	DATENPR 1 1 '60 O thun S. Know

TO HOSP COR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in softer death. Page 4 may be and by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

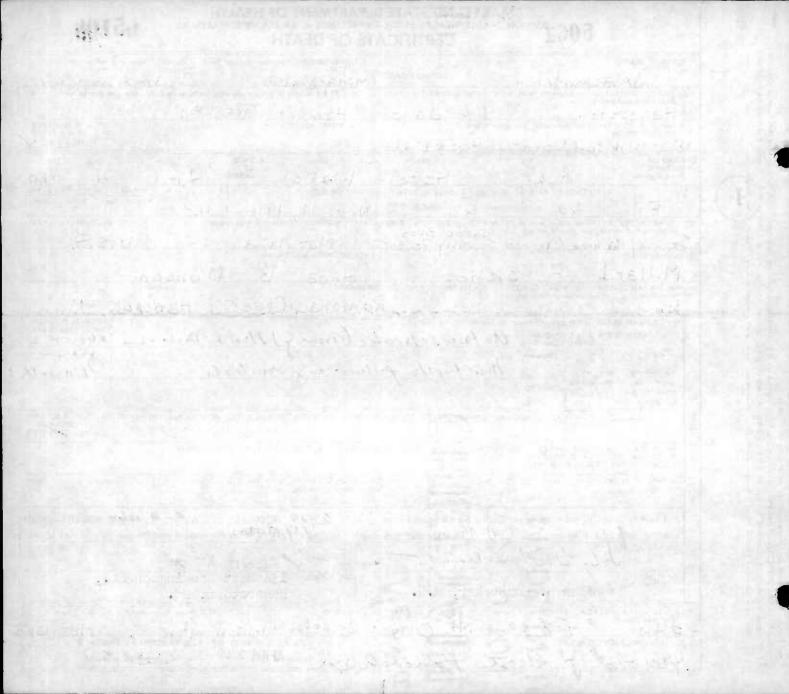
VR A15 1 1SM 9/5

10160 Haragio Stabilio	PERSONAL AND RESERVED TO THE R
dot so the art to be 1984.	
e avidosavel services de	
	eva jula 120 (12)
The control of the co	A Committee of the Comm
Texas and Texas	with all descriptions of the
You a 123 det. 5	hepati w mol
and the state of t	recensus Laborator . Laborator

TO HOST COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 feets after death. Page 4 per may be sined by the haspital as attending physician.	50.5 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	with	*		
h. Po	ol dire	filed			
deat	unerc	ld be			
after	the !	2 shou			1
3	in by	and			9
in 24	filled	ges 1	ed h.	_	
with	letely	7	fter d		
ecuted	camp	paper	ours 6	-	_
pe ex	and	rban	72 hc		
icate	siciar	ve cd	within		
certif	d bh)	remo	vent,		
death	tendin	please	any e		
the c	the at	Then	ni bui		
ss tha	d by	mit.	ival, c		
equire n.	signe	it per	remo		
law r	been	-trans	an, ai		
The ng bh	e has	burial	emati		
CIAN	tificat	s the	ial, ci		
HYSI a	is cer	use a	ta bur		
ING P	fter th	d for	prior		
TEND	DR: A	tache	ealth		
R AT	RECTO	be de	I of H		
O au	AL DI	plubr	Board		
OSF.	JNER	le 3 sl	the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours offer dealth.		
HOT (DM)	TO FL	pag	the		
VR A1	9/5	4)			0

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 forts after death. Page 4

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)							
	a. COUNTY MARYLAND	Maryland b. COUNTY Was hington							
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	RURAL and give nearest town)	VII . 0-541							
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE							
1	OR INSTITUTION	ON A FARM?							
	Washington County Hospital	YES NO X							
	3. NAME OF First Middle	Last 4. DATE Month Day Year							
	(Type ar print) Kuby Hazel	Walls DEATH HOTEL 4 1960							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Haurs Min.							
1	WIDOWED DIVORCED	Nov. 11 1916 4.3 yrs. Manths Days Haurs Min.							
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	N. I Jacob	Maruland 1159							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Millard F Biel	M G D							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	HANA B. ILUNSON Address							
	(Yes, no, or unknown) [If yes, give wor or dates of service)								
		amona Creek Hancock, Md.							
	DARK I DESTRUMENT OF THE PROPERTY OF THE PROPE	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: Un ferros chrotic (coronary) Steat Protos & about 2								
	420.0 BUETO 2								
1	Conditions, if ony, which) 10 Multiple pulmonas remboli of month								
	gave rise to immediate cause (a), stating the under-								
	lying cause last.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
7	T A	PERFORMEO? YES NO							
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)							
	Haur o. m. While Nat while fac	ctary, street, affice bldg., etc.)							
	p. m. 19 at work at wark								
	21. I certify that (I) (this haspital) attended the deceased fram	(1)							
		death accurred at INOM, With the causes and an the date stated above.							
	220. SIGNATURE	ATTENDING AMED STAFF SIGNED							
	John IV Itom wakes	M.D. PHYS. MED. STAFF PHYS. SIGNED							
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 154 West Washington St.,							
8	John H. Hornbaker, M.D.	Hagerstown, Md.							
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)							
	REMOVAL (Specify) 4-8-60 Mt. Olive	+ Cemetery Washington Magylan							
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	House of Hand Li	a me DATE APR 12'60 July S. King							
	House I wow James	No. of the state o							



is necessary, please exercetor. Page 4 should be TO DEPLYY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delth is necessary, please executed, entificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer rector. Page 4 should be forwed at to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your res.

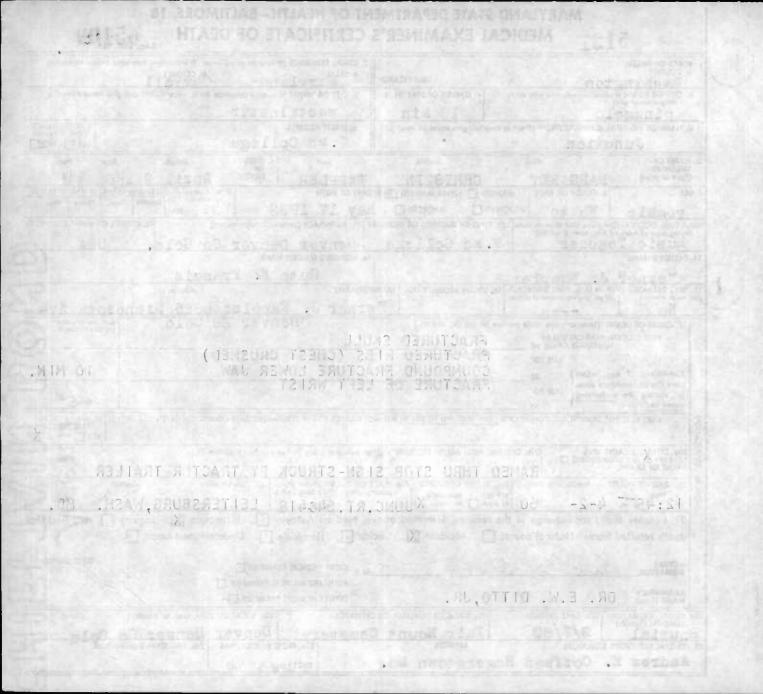
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation. or removal.

VS. A15ME(5) 5M 9/55 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. 15. 1019

1 7.	PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased I	ived. If Institut	tion: Residence	before adm	ission)
1	Washing	ton	MARYLAND	o. STATE	and	CATTO	11		/
1	b. CITY OR TOWN III	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (te limits, write	RURAL and giv	re nearest to	own)
	Pinggo		10 Min	westmi	Inster		1	16 2'	72
		AL OR INSTITUTION (If not in h		d. STREET ADDRESS		7995			RESIDENCE
	_	otion	•	W. Md Cr	ollege				A FARM?
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month		oy 1	Year
	(Type or print)	MARGARET	CHRISTINE	WAPPLER	DEATH	April	2 19	60 1	19
5.	SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 1	DATE OF BIRTH	9.	AGE (In years ast birthday)	IF UNDER TYE		DER 24 HRS.
	remale	White WIDOW	ED DIVORCED	May 17 193		27 yrs.	Months Day	s Hours	Min.
10	during most of working	g life, even if retired)	KIND OF BUSINESS OR INDUST Md College	Denver I			12. CITIZEN	USA	COUNTRY
13	. FATHER'S NAME			14. MOTHER'S MAIDEN					
1	Werner	J. Wanpler		Ruth	F. Fra	ancis			
		R IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. IP	NFORMANT		Address	ID ON		
1	No		W	erner J. V	Jappler	5685	Minnes	sota	Ave
	18. CAUSE OF DEAT	TH [Enter only one cause per lin	e for (o), (b), and (c).]	De	nver 2	3 Colo		NTERVAL BETWONSET AND DE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED SKULL								
	RACTURED RIBS (CHEST CRUSHED)								
	Conditions, if ony, which) (b) COUMPOUND FRACTURE LOWER JAW						200	10	MIN.
	gove rise to immed	liate cause	FRACTURE OF	LEFT WRIS		W-460			
	(o), stoting the underlying DUETO								
Z	PART II, OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIV	EN IN PART 1(e		
CERTIFICATION								YES T	NO X
H	200. EXTENNAL CAU	ISE WAS _ 20b. DESCRI	BE HOW INJURY OCCURRED. (E	inter noture of injury in Po	ort I or Port II of i	tem 18.)			
GE	200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	TRIBUTING RAMF		I GN-STRUCK			TRAIL	ED	
3	20c. TIME OF INJUR		. INJURY OCCURRED 209. PLACE			DATAIT	(County)		(Stote)
MEDICAL	12 Hour	11-2- 160 Wh	The state of the s	ory, street, office bldg., et		CDCDUD	C MACI	LI N	40
2	12:45p.m. 4-2- 160 of work a work WILLING RT 648418 LEITERSBURG WASH. MD. 21. I certify that I took charge of the remains described above, held an Autopsy , (Inspection X), Inquiry , and find that								
4		from: Natural causes						, and	rind tho
	deoin resulted	Tromy (Natural causes	, Accident M, Sun	cide [], Homicid	e [], Unde	etermined c	ouse [].		
	ACTUAL	A 211 8	7 200	CHIEF MEDICAL I				DATE	SIGNED
	SIGNATURE	IN TO ZO	ev by	_M.D. CHIEF MEDICAL			41	//	
	EXAMINER'S NAME (Type)	DR. E.W. DITT	ro, JR.	DEPUTY MEDICAL	EXAMINER .		1/	760)
22		N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, c	or county)	(Stot	ie)
I	REMOVAL (Specify)	2/7/60	Fair Mount	Cemeterv	Denver	Denv	er Co	Cala	
23	. FUNERAL DIRECTOR		ADDRESS		'D BY REGISTRAR		TRAR'S SIGNA		
	Andrew K	. Coffman Ha	gerstown Md.	DATE	08' 3 99	7.	1. 34		



VR A15 (4) 15M 9/59

s ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 302

302

15119

1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Washington
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 23Yrs	Hagerstown 03
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1127 Oak Hill Ave	1127 Oak Hill Ave YES NOK
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) STANLEY TELFORD WELD	DEATH 4 A B DD
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ÂGE (In years last birthday) Months Days Haurs Min.
Male White WIDOWED DIVORCED	November 13,1897 62 yrs. Main Days Main
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF 8USINESS OR INDU during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY
General Sales Mang Hoffman Chevro	1et Reading Berks Co Pa USA
William F. Welder	Elizabeth Hazelhurst
	NFORMANT Address
Yes W. W#1 214-09-3998 MI	s Ruth C. Welder, 1127 Oak Hill Ave
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Ha	gerstown Maryland Interval Setween
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Throwbon ONSET AND DEATH
LLACAL DUE TO	5 El 0 1 C . 0
Canditions, if any which (b)	Sall Ceneral 1641
gave rise to immediate couse (a), stoting the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
A Company of the comp	VES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (Stat
Hour o. m. While Nat while to at work 19 at work 1	actary, street, affice bldg., etc.)
21. 1 certify that (I) (this haspital) attended the deceased from	11 2 1960 to 11 19 6, that (I) (we) lo
	death occurred atM, from the couses and on the date stated obove
22a. SIGNATURE	22b. DATE
1 Salscaller	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) /. // /3 each/e	9
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR/CREMATORY 23d. LOCATION (City, tawn, or caunty) (State)
Burial 4/34/60 Rest Haven	Cemetery Hagerstown Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown, N	ld DATE APR 25'60 Cirlan S. Krous

. The same of the Language to mail ed (SSI, SI THE LOVO WE HER THE STATE OF STATE AT ALL BV4 Illa 200 C211 tagint O win un gearle las il liste THE RESERVE OF THE PARTY OF THE Los printeresta analizada A serinda

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5000

1.5111

_	0003			304			
1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived. If institution: Reside Washington	nce before admission)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Wash County Hospital	oddress)	/ d. STREET ADDRESS 525 Frede		e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF First DECEASED (Type or print) DAVTD	Middle WOI	Lost LF Sr	4. DATE Month OF DEATH April 20 19	Day Year 260 19		
5. 5		RIED NEVER MARRIED B.	Date of Birth June 25 189	9. AGE (In years IF UNDE lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.		
		KIND OF BUSINESS OR INDUST	Boonsboro	Wash Co Md.	USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N				
	Frank Wolf		Laura Ma				
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. No (If yes, give wor or dates of service) No 31		ormant s Lillian V	Address Volf 525 Frederi	ok St		
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWOONSET AND DE INTERVAL BETWOONSET AND DE INTERVAL BETWOONSET AND DE						
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Ar DUE TO (c)	terioscleroti	ic Heart Di	sease	l year.		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K		
	20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in I	Port I or Part II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work						
	21. I certify that (I) (this haspital) attends saw the deceased alive an ADZ • 220. SIGNATURE			60 to Apr. 20, 19 MPfram the causes and an th			
	22c. PHYSICIAN'S	Jell M	ATTENDING ME PHYS. DI 22d. ADDRESS	ED. STAFF Apr. 2	22,1960. SIGNED		
	NAME (Type) R. A. Bell	, M.D.	Hagers	stown, Maryland.			
	Burial, CREMATION, 23b. DATE THEREOF Burial 4/23/60	23c. NAME OF CEMETERY OR POSE H111 (Cemeterv	23d. LOCATION (City, town, or county) Hagerstown Was	h Co MM		
24.	FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Ha	gerstown Md.		APR 25 '60 25b. REGISTRAR'S S	S. Kinna		

VR A15 (4) 15M 9/59

LEGASO NO STADISTICA CON DEADER. The state of the s Land We will be out of the common of the com Live same and a summer of the same of the pa authority and line duling and an in-lo-eight and . Di svoreze del . The fact with and the state of t and the first time to the second of the seco And I have a supercond of the latest and OR HOLE AND A PURE CONTROL OF THE PROPERTY OF THE PARTY OF THE PAR AND THE RESERVE OF THE PARTY OF

VS. A15ME(5) 5M 9/55

4		1	_	
	3			
No.		V	1	
1			/	
	-			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1,5112 Reg. Dist. No.

1.	PLACE OF DEATH	ASHINGTO	N	MARYLAND	2. USUAL RESIDENCE (o. STATE MAF		d lived. If institu		before admission) INGTON
	b. CITY OR TOWN	It outside corporate limits, we	ile RURAL	c. LENGTH OF STAY IN 16 40 YRS.	c. CITY OR TOWN (prote limits, write	RURAL and give	nearest town)
W	A NAME OF HOSPI ASHING TO	ALLURA, C.	"HO'SP"	pital, give street address)	d. STREET ADDRESS	EE ST.			e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print)	BARR *	irst	WARREN W	OLFE Lost	4. DATE OF DEATH	APRI	b De	75 Year 60
5.	MALE	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	3/12/190		P. AGE (In years lost birthdoy) yrs.	Months Days	Hours Min.
100	USUAL OCCUPATION OF THE PENTER	ON (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS OR INDUST		or foreign co			OF WHAT COUNTRY?
13	WADE WO	LFE			14. MOTHER'S MAIDEN EVA WAE	NAME RRENFE	LTZ	ATA 3	
15 (Ye	MAS DECEASED ET	/ER IN U. S. ARMED FO (If yes, give wer or dates of	Ains	SOCIAL SECURITY NO. 17. 18 14-09-1215	MR. DELPI	HIN WO	LFE Addison	AGERSTO MD.	NN
ATION	Canditions, if a gove rise to imme (o), stating the couse fast.	underlying DUE TO	ger , sel	revol as ter notic hear t	- Diseare	it	arter	I CL - VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO TO
MEDICAL CERTIFICATION	20a. EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJU	NTRIBUTING .			nter nature of injury in Pa CE OF INJURY (Home, for any, street, office bldg., etc.	m, 1 20f. (City o		(County)	(Stote)
MEC	21. I certify t	d from: Natural	e af the r	emains described aba Accident , Sui	ve, held an Autap	sy, Inset	_	cause .	DATE SIGNED
220		ON, 226. DATE THERE	of /60	22c. NAME OF CEMETERY OR REFORMED C	CREMATORY EM.		ON (City, town,	or county)	(Stote)
23.	FUNERAL DIRECTOR		9 //	ADDRESS ACES	6 1	D BY REGISTR	AR 24b. REGI	STRAR'S SIGNAT	

HATOTO TRANSPOS	MEDICAL EXAMINER
	August 1985
	THE STEEL OF THE STEEL STREET
THE RESIDENCE OF THE PARTY OF T	
THE RESERVE OF THE PARTY AND T	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Washington Washington Maryland MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Williamsport Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? E. Salisbury Street E. Salisbury Street YES NO KI 3. NAME OF 4. DATE Middle Month Year -DECEASED OF DEATH Josephi ne (Type or print) Zimmerman April 1960 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH April 18 Hours WIDOWED TH Female White DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Williamsport Home U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emmett Cullen Margaret Eva Cushwa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Towns County Rd. RFD Sumner Draper T No No None Mathews N. Carolina PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPSY PERFORMED? NO P 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) rtificote, writing the wo to the Chief Medical E L DIRECTOR: Page 3 sho factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection P. Inquiry , and find that deoth resulted from Natural causes 4. Accident . Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF PEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)

Rest

Haven Cemetery

Hagerstown

24o. REC'D BY REGISTRAR

Maryland

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5)

please can

5M 9/55

0

23. FUNERAL DIRECTOR'S SIGNATURE

Supposition speaks toking the was a realist or edecade sown the state.